



**FILE TITLE/NUMBER/VOLUME:**

PROPS, DANIEL  
OF FILE

**INCLUSIVE DATES:**

**CUSTODIAL UNIT/LOCATION:**

**ROOM:**

**DELETIONS, IF ANY:**

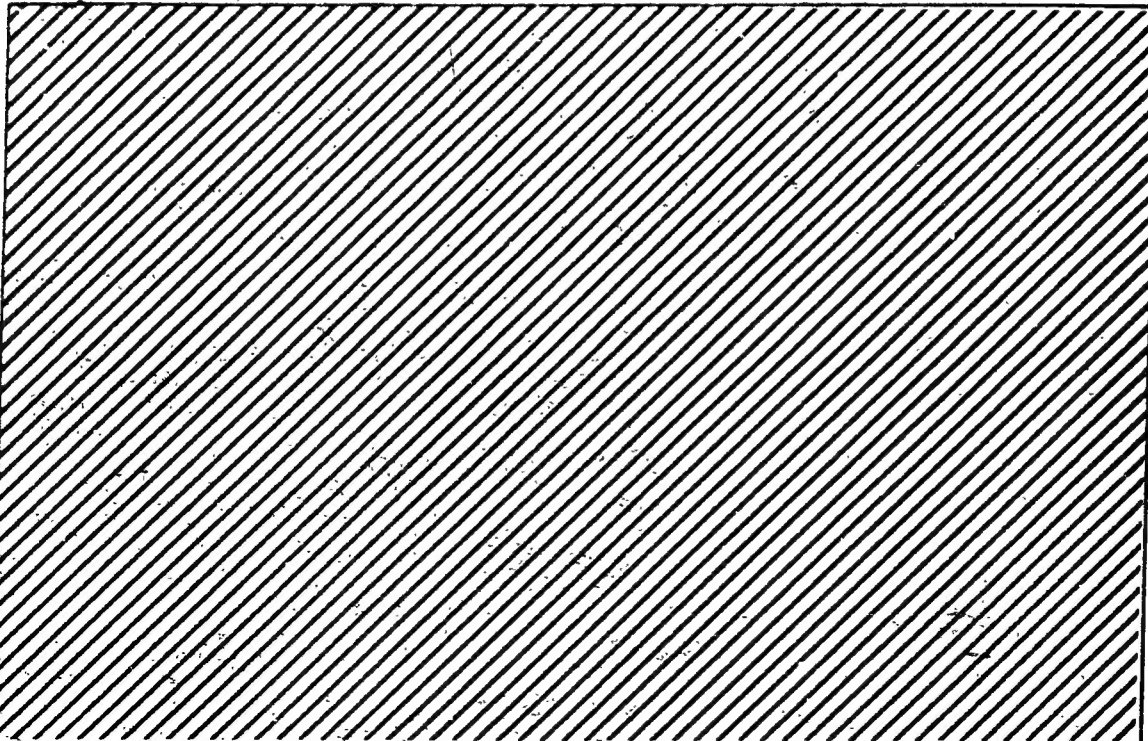
MATERIAL AFTER 1967

[illegible]

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**FLURES DAVIEL**

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle) FLORES, Daniel	NAME AND RELATIONSHIP OF DEPENDENT* self	CLAIM NUMBER 79 0606
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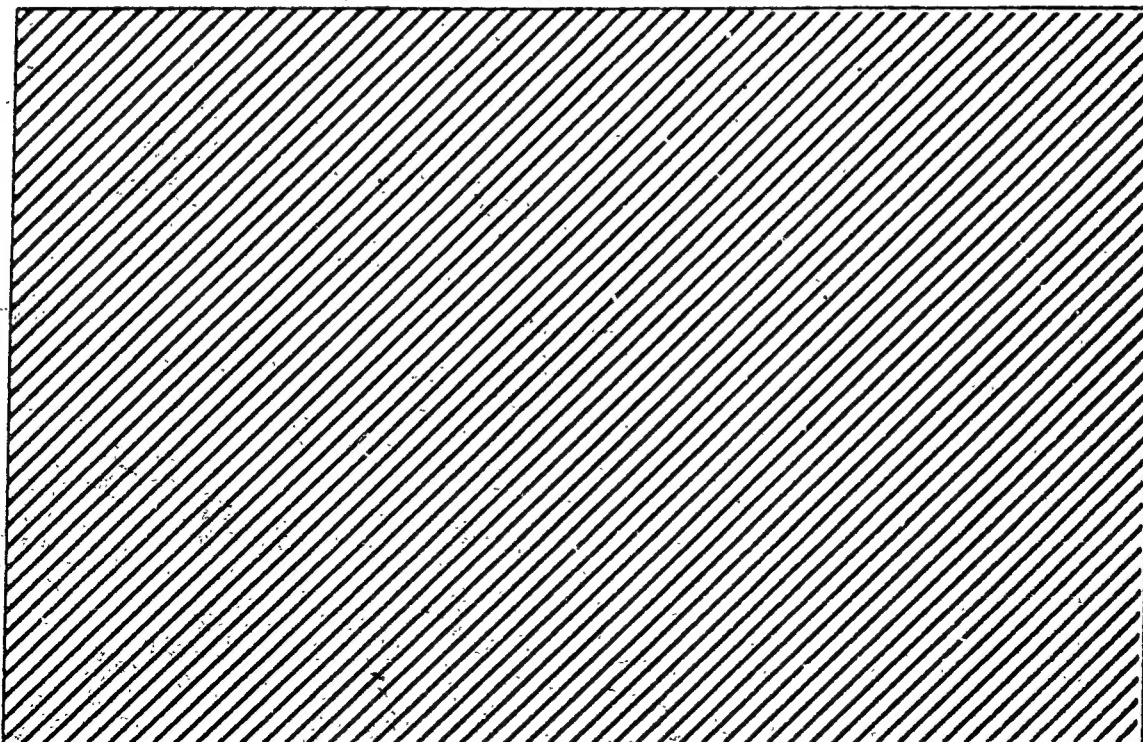
There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 1/4/79.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 7 Jun 1979	SIGNATURE OF BNC REPRESENTATIVE Arthur L. Hardt
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
FLORES, Daniel	Self	78-0663

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 4/12/78.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BPD REPRESENTATIVE
6/6/78	Ernest L. Baritt

NOTICE OF OFFICIAL DISABILITY CLAIM FILE



SECRET  
(If Not Filled In)

81 JAN 1978

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER 036130				2 NAME (Last-First-Middle) Flores, Daniel	
3 NATURE OF PERSONNEL ACTION Reassignment			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 11 78		5 CATEGORY OF EMPLOYMENT Regular
6 FUNDS V TO V CF TO V			7 PAY AND NSCA 8035 0990 0000		8 LEGAL AUTHORITY (Completed by Office of Personnel)
9 ORGANIZATIONAL DESIGNATIONS DDO/LA Division Foreign Field Mexico City, Mexico Station			10 LOCATION OF OFFICIAL STATION Mexico City, Mexico		
11 POSITION TITLE Operations Officer			12 POSITION NUMBER GK76		13 CAREER SERVICE DESIGNATION DOG
14 CLASSIFICATION SCHEDULE (GS, LB, IN.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 13 2	
				17 SALARY OR RATE 26887	
18 REMARKS Reassigned from position FS35  CMS/MSB <i>[Signature]</i>  <i>This action reflects WGI- 1/29/78</i>					
18A SIGNATURE OF REQUESTING OFFICIAL J. Halpin			DATE SIGNED 1/27/78		18B SIGNATURE OF OFFICIAL CMS LT
			DATE SIGNED 1/29/78		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 51620 LA	22 STATION CODE 45075	23 INTEGREE CODE 3	24 REGIONS CODE
25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI			
28 SITE EMPLOY	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA	33 SECURITY REG. NO
34 VET PREFERENCE	35 SERV COMP DATE	36 LONG COMP DATE	37 CAREER CATEGORY	38 HEALTH INSURANCE	39 SOCIAL SECURITY NO
40 PERIODS (CIVILIAN GOVERNMENT SERVICE)	41 LEAVE CAT	42 FEDERAL TAX DATA	43 STATE TAX DATA		
44 POSITION CONTROL CERTIFICATION 1-27-78 AED	45 OF APPROVAL Ann E. O. Ksok		46 DATE APPROVED 1-31-78		

FORM 1152 USE PREVIOUS EDITION

SECRET

82. IMPDET CL. BY. 007622

☒ SECRET ☐ CONFIDENTIAL

☐ INTERNAL USE ONLY

UP ☐ FILED *je*

# REQUEST FOR PCS OVERSEAS EVALUATION

DATE

12 Sept 77

APPLICANT HAS APPLICANT

SEEN BY OMS

☐

YES

PREVIOUSLY BEEN

DEPENDENT(S)

☒

EMPLOYEE

3 NAME (Last, First, Middle)

Flores, Daniel

4 INITIAL SECURITY NO

5 CMB (1-4 MATA)

6 SEX

8 GRADE

9 AFFILIATION CO

10 DIRECTORATE/OFFICE DIVISION

11 EMP ID#

12 POSITION TITLE

13

All

DDO/LA

5270

Ops Officer

COMPLETE 13-19 FOR EACH DEPENDENT TO ACCOMPANY OR RETURN WITH EMPLOYEE ONLY IF 2 IS CHECKED "DEPENDENT(S)"

19 DEPENDENT PREVIOUSLY SEEN BY OMS (yes/no)

15

DEPENDENT NAME (Last, First, Middle)

16 SOC SEC NO

18 DOB (MM/YY)

17 SEX

18 RELATIONSHIP

19 DEPENDENT PREVIOUSLY SEEN BY OMS (yes/no)

20 REQUESTED ACTION (more than one is acceptable)

APPLICANT

PRE EMPLOYMENT

EOD

ASSIGNMENTS

O/S PCS

O/S TDY

O/S RETURNEE

O/S TDY STANDBY

O/S PLANNING

STATION

Mexico City

TYPE OF TRIP

ETO/ETA (MM/YY)

14 Oct 77

POSITION

Ops Officer

NO. OF DEPENDENTS TO ACCOMPANY OR RETURN

2

OTHER (specify)

FITNESS FOR DUTY

RETURN TO DUTY

SPECIAL TRAINING

SEPARATION

RETIREMENT

MDR/CARDS

MDR/CSC

ROUTINE

REGULAR ANNUAL

EXECUTIVE ANNUAL

MPT/PHE

21 COMMENTS

Assignment to Tokyo, Japan has been cancelled. Subject is now being considered for Mexico City.

22 REQUESTING DIRECTORATE/OFFICE DIV

23 ROOM/BLDG

24 EXTENSION

25 SIGNATURE OF REQUESTING OFFICER

DDO/LA/PLRS

313113 Hqs

5270

26 OFFICE OF SECURITY DISPOSITION

27 OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION

QUALIFIED FOR PROPOSED ASSIGNMENT OVERSEAS

John W. Hays

*John W. Hays*

7 OCT 1977

Chairman, Overseas Candidate Review Panel

☐ UNCLASSIFIED

☐ INTERNAL USE ONLY

☐ CONFIDENTIAL

☐ SECRET

28 IMPROVED BY

FORM 2598 (Rev. 1-77) (When used, attach this form to the back of the evaluation form)

8 - OMS (When applicable)

**SECRET**  
(When Filled In)

26 1977

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 21 March 1977	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES, DANIEL			
3. NATURE OF PERSONNEL ACTION REMOVAL FROM PARTICIPATION IN CIA RETIREMENT SYSTEM			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 10 77		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS <div style="display: flex; justify-content: space-between;"> <div>V TO V</div> <div>V TO CF</div> </div> <div style="display: flex; justify-content: space-between;"> <div>CF TO V</div> <div><input checked="" type="checkbox"/> CF TO CF</div> </div>			7. PAY AND NICA 7135-4534-0000		8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643, Sect. 203
9. ORGANIZATIONAL DESIGNATIONS  DDO/LA			10. LOCATION OF OFFICIAL STATION  WASH., D.C.		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION DQG
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) 45		15. OCCUPATIONAL SERIES		16. GRADE AND STEP 13	
17. SALARY OR RATE \$					
18. REMARKS  SUBJECT REMOVED FROM SYSTEM IN ACCORDANCE WITH HN 20-763.					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTERGEE CODE
24. NTE EXPIRES MO DA YR	25. SPECIAL REFERENCE	26. RETIREMENT DATA 1-YES 2-NO 3-BOB		27. SEPARATION DATA CODE	28. CORRECTION CANCELLATION DATA TYPE MO DA YR
29. VET PREFERENCE CODE 1-10 PT	30. SERV COMP DATE MO DA YR	31. LONG COMP DATE MO DA YR	32. CAREER CATEGORY LAW DIST PROV. TEMP	33. HEALTH INSURANCE CODE CODE 1-YES 2-NO 3-UNAVAILABLE	34. SOCIAL SECURITY NO
35. PERIODS (CIVILIAN GOVERNMENT SERVICE) CODE 1-NO PREVIOUS SERVICE 2-YES (LESS THAN 3 YEARS) 3-YES (MORE THAN 3 YEARS)		36. LEAVE CAT CODE	37. FEDERAL TAX DATA FORM EXECUTED CODE MO TAX EXEMPTIONS		38. STATE TAX DATA FORM EXECUTED CODE MO TAX EXEMPTIONS
39. POSITION CONTROL CERTIFICATION 3-24 77			40. C.F. APPROVAL Firm Vanney		41. DATE APPROVED 2 Apr 77

FORM 1152 USE PREVIOUS EDITION

**SECRET**

IMDET C1 BY 007622

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				15 February 1977	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)			
036130		Flores, Daniel			
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT
Reassignment			MONTH DAY YEAR 02 26 77		Regular
6 FUNDS			7. FAN AND NSCA		8 LEGAL AUTHORITY (Completed by Office of Personnel)
<input type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF			7135-4534 0000		
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION		
DDO/LA Division Cuba Operations Group EA Area			Washington, D. C.		
11 POSITION TITLE			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION
Operations Officer			(13) FS35		DQG
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP	17 SALARY OR RATE
GS		0136.01		13 1	\$24,308
18. REMARKS					
Reassigned from DDO/LA Position CQ 66					
CMS/MSB <i>SB Valenti</i> 2-17-77					
19A SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
<i>J. Halpin</i> J. Halpin CLAPERS		15Feb77		<i>Joseph A. Smith</i> CMS/13	
DATE SIGNED 2-24-77					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING	22 STATION CODE	23 INTEGRITY CODE	24 ROOTS CODE
37	10	NUMERIC ALPHABETIC 51500 LA	75013		
25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LIT			
MO DA YR	MO DA YR	MO DA YR			
28 DATE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA	33 SECURITY REQ. NO
MO DA YR		1-CL 2-ORCA 3-FLA 4-ROSE	TYPE	MO DA YR	34 LSI
35 VET PREFERENCE		36 SERV COMP DATE	37 LONG COMP DATE	38 CAREER CATEGORY	39 HEALTH INSURANCE
CODE	0-NONE 1-5 YR 2-10 YR	MO DA YR	MO DA YR	EMP/RSR PROV/TEMP	CODE CODE 0-WAIVER 1-WES 2-SEA/OPP 3-UNAVAILABLE
40 SOCIAL SECURITY NO					
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT CODE	43 FEDERAL TAX DATA		44 STATE TAX DATA
CODE 0-NO PREVIOUS SERVICE 1-NO ORCAS IN SERVICE 2-ORCAS IN SERVICE (LESS THAN 3 YEARS) 3-ORCAS IN SERVICE (MORE THAN 3 YEARS)			FORM SECURED CODE 1-YES 2-NO		FORM SECURED CODE 1-YES 2-NO
45 POSITION CONTROL CERTIFICATION		46 APPROVAL		DATE APPROVED	
2-25-77 <i>DBH</i>		01 MAR 1977 <i>Daniel Flores</i>		2-25-77	
1152 USE PREVIOUS EDITION					
SECRET					
12. UPDATE CL BY 007AJ2					

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 19 January 1977	
1. SERIAL NUMBER 036130 ✓		2. NAME (Last-First-Middle) Flores, Daniel ✓			
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH 01 DAY 30 YEAR 77		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>V TO V</div> <div>C TO V</div> </div> <div style="margin-left: 20px;"> <div>Y TO C</div> <div>C TO C</div> </div> </div>			7. PAN AND NSCA 7135 4534 0000		8. LEGAL AUTHORITY (Complied by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDO/LA Division ✓ Cuba Operations Group ✓ WH Area ✓			10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE Operations Officer ✓ (13)			12. POSITION NUMBER CQ66		13. CAREER SERVICE DESIGNATION DQG ✓
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01 ✓		16. GRADE AND STEP 13 1	
17. SALARY OR RATE \$24,508					
18. REMARKS FROM: GS-12/4, \$22,485 <div style="text-align: right; font-size: 1.2em;">for 12/4</div>					
18A. SIGNATURE OF REQUESTING OFFICER <i>John Malpin</i> John Malpin, CAPERS		DATE SIGNED 19 Jan 77		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Michael...</i> 21 Jan 77	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODE 51500	22. STATION CODE LA	23. RETIRE CODE 75013	24. HONOR CODE 1
25. DATE OF BIRTH 08/04/35	26. DATE OF GRADE 01/15/77	27. DATE OF LST 01/15/77	28. DATA		
29. DATE OF ENTRY	30. DATE OF ENTRY	31. DATE OF ENTRY	32. DATE OF ENTRY	33. DATE OF ENTRY	34. DATE OF ENTRY
35. DATE OF ENTRY	36. DATE OF ENTRY	37. DATE OF ENTRY	38. DATE OF ENTRY	39. DATE OF ENTRY	40. DATE OF ENTRY
41. DATE OF ENTRY	42. DATE OF ENTRY	43. DATE OF ENTRY	44. DATE OF ENTRY	45. DATE OF ENTRY	46. DATE OF ENTRY
47. DATE OF ENTRY	48. DATE OF ENTRY	49. DATE OF ENTRY	50. DATE OF ENTRY	51. DATE OF ENTRY	52. DATE OF ENTRY
53. DATE OF ENTRY	54. DATE OF ENTRY	55. DATE OF ENTRY	56. DATE OF ENTRY	57. DATE OF ENTRY	58. DATE OF ENTRY
59. DATE OF ENTRY	60. DATE OF ENTRY	61. DATE OF ENTRY	62. DATE OF ENTRY	63. DATE OF ENTRY	64. DATE OF ENTRY
65. DATE OF ENTRY	66. DATE OF ENTRY	67. DATE OF ENTRY	68. DATE OF ENTRY	69. DATE OF ENTRY	70. DATE OF ENTRY
71. DATE OF ENTRY	72. DATE OF ENTRY	73. DATE OF ENTRY	74. DATE OF ENTRY	75. DATE OF ENTRY	76. DATE OF ENTRY
77. DATE OF ENTRY	78. DATE OF ENTRY	79. DATE OF ENTRY	80. DATE OF ENTRY	81. DATE OF ENTRY	82. DATE OF ENTRY
83. DATE OF ENTRY	84. DATE OF ENTRY	85. DATE OF ENTRY	86. DATE OF ENTRY	87. DATE OF ENTRY	88. DATE OF ENTRY
89. DATE OF ENTRY	90. DATE OF ENTRY	91. DATE OF ENTRY	92. DATE OF ENTRY	93. DATE OF ENTRY	94. DATE OF ENTRY
95. DATE OF ENTRY	96. DATE OF ENTRY	97. DATE OF ENTRY	98. DATE OF ENTRY	99. DATE OF ENTRY	100. DATE OF ENTRY

**SECRET**

**SECRET**  
(When Filled In)

19 NOV 1976

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 10 November 1976	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) Flores, Daniel					
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH 12 DAY 04 YEAR 76		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS		7. V TO V V TO C C TO V X C TO C		8. PAN AND NSCA 7135-4534 0000		9. LEGAL AUTHORITY (Completed by Office of Personnel)	
10. ORGANIZATIONAL DESIGNATIONS DDO/LA Division Cuba Operations Group WH Area				11. LOCATION OF OFFICIAL STATION Washington, D. C.			
12. POSITION TITLE Operations Officer (12)				13. POSITION NUMBER CQ67		14. CAREER SERVICE DESIGNATION DQG	
15. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		16. OCCUPATIONAL SERIES 0136.01		17. GRADE AND STEP 12 8		18. SALARY OR RATE 55485 \$21,804	
19. REMARKS Reassigned from DDA/OTR Position BD 33 Concur: <u>Hugh McClafferty 10 Nov 76 (telecord)</u> <u>OTR/PERS</u> CMS/MSB <u>Il Valent, CMS/MSB 11-16-76</u>							
20. SIGNATURE OF REQUESTING OFFICIAL <i>John F. Halpin</i> John F. Halpin C/LA/PERS				21. DATE SIGNED 10 Nov 76		22. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Gregory D. Paul</i> Gregory D. Paul	
23. DATE SIGNED 11/15/76		24. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
25. ACTION CODE 37		26. EMPLOY CODE 10		27. OFFICE CODE 51500 LA		28. STATION CODE 75013	
29. RETIREMENT CODE 1		30. DATE OF BIRTH 12/24/35		31. DATE OF SERVICE 12/24/35		32. DATE OF LEAVE 12/24/35	
33. RETIREMENT CODE 1		34. DATE OF BIRTH 12/24/35		35. DATE OF SERVICE 12/24/35		36. DATE OF LEAVE 12/24/35	
37. RETIREMENT CODE 1		38. DATE OF BIRTH 12/24/35		39. DATE OF SERVICE 12/24/35		40. DATE OF LEAVE 12/24/35	
41. RETIREMENT CODE 1		42. DATE OF BIRTH 12/24/35		43. DATE OF SERVICE 12/24/35		44. DATE OF LEAVE 12/24/35	
45. RETIREMENT CODE 1		46. DATE OF BIRTH 12/24/35		47. DATE OF SERVICE 12/24/35		48. DATE OF LEAVE 12/24/35	
49. RETIREMENT CODE 1		50. DATE OF BIRTH 12/24/35		51. DATE OF SERVICE 12/24/35		52. DATE OF LEAVE 12/24/35	
53. RETIREMENT CODE 1		54. DATE OF BIRTH 12/24/35		55. DATE OF SERVICE 12/24/35		56. DATE OF LEAVE 12/24/35	
57. RETIREMENT CODE 1		58. DATE OF BIRTH 12/24/35		59. DATE OF SERVICE 12/24/35		60. DATE OF LEAVE 12/24/35	
61. RETIREMENT CODE 1		62. DATE OF BIRTH 12/24/35		63. DATE OF SERVICE 12/24/35		64. DATE OF LEAVE 12/24/35	
65. RETIREMENT CODE 1		66. DATE OF BIRTH 12/24/35		67. DATE OF SERVICE 12/24/35		68. DATE OF LEAVE 12/24/35	
69. RETIREMENT CODE 1		70. DATE OF BIRTH 12/24/35		71. DATE OF SERVICE 12/24/35		72. DATE OF LEAVE 12/24/35	
73. RETIREMENT CODE 1		74. DATE OF BIRTH 12/24/35		75. DATE OF SERVICE 12/24/35		76. DATE OF LEAVE 12/24/35	
77. RETIREMENT CODE 1		78. DATE OF BIRTH 12/24/35		79. DATE OF SERVICE 12/24/35		80. DATE OF LEAVE 12/24/35	
81. RETIREMENT CODE 1		82. DATE OF BIRTH 12/24/35		83. DATE OF SERVICE 12/24/35		84. DATE OF LEAVE 12/24/35	
85. RETIREMENT CODE 1		86. DATE OF BIRTH 12/24/35		87. DATE OF SERVICE 12/24/35		88. DATE OF LEAVE 12/24/35	
89. RETIREMENT CODE 1		90. DATE OF BIRTH 12/24/35		91. DATE OF SERVICE 12/24/35		92. DATE OF LEAVE 12/24/35	
93. RETIREMENT CODE 1		94. DATE OF BIRTH 12/24/35		95. DATE OF SERVICE 12/24/35		96. DATE OF LEAVE 12/24/35	
97. RETIREMENT CODE 1		98. DATE OF BIRTH 12/24/35		99. DATE OF SERVICE 12/24/35		100. DATE OF LEAVE 12/24/35	

SECRET

1. REPORT CL 31 CQ742



**S E C R E T**  
**EYES ONLY**

20 OCT 1976

**MEMORANDUM FOR:** Chairman, GS-12 Evaluation Board

**FROM :** Raymond A. Warren  
Chief, Latin America Division

**SUBJECT :** Recommendation for Promotion to  
Grade GS-13, Daniel Flores

1. Mr. Daniel Flores was recently assigned to OTR as an operations instructor to capitalize on his fine operational record which he developed during his two field assignments in [ ] and in [ ] and his most recent operational assignment with LA/COG. His overall performance has clearly been characterized by exceptional proficiency and he has been rated by his most recent supervisor as "outstanding" for his handling of a sensitive [ ] case and his development and pursuit of [ ] operational leads. Mr. Flores has definite growth potential and clearly meets or exceeds the criteria for promotion to Grade GS-13, a promotion which is most strongly recommended.

2. During the past year Mr. Flores was responsible for handling a very sensitive, and [ ] asset. This asset is probably one of the "messiest and disorganized individuals" with whom a case officer in this Agency has had to contend. However, Mr. Flores clearly demonstrated his fine handling abilities in his manipulation and exploitation of this agent. As a result of his guidance and his ability to effectively debrief this person, Mr. Flores was able to make this asset one of our most productive [ ] sources. During the last year this source [ ] on subject matter which often commanded attention at the highest levels of our government.

3. Mr. Flores has shown a remarkable growth potential during the last year. He is determined, persistent, serious, and commendably aggressive. He is mature, self-assured, and his operational decisions are sound. His managerial skills are in keeping with his operational potential. He was often called

**S E C R E T**  
**EYES ONLY**

**E2 IMPDET**  
**CL BY 025231**

SECRET  
EYES ONLY

upon in the last twelve months to act as Chief of his section, a GS-14 position. He demonstrated sound leadership qualities by stimulating interest and enthusiasm in his staff. His operational programs were aggressive and imaginative. Mr. Flores' supervisory talents combined with his excellent professional skills portend a continuing and successful career in this Agency.

4. While assigned to LA/COG, Mr. Flores was involved in the spotting, assessing, developing access to, and eventually pitching a [ ] who was the [ ] in a Latin American country. The recruitment pitch was not successful but the details of this operation were handled in the most professional manner. Mr. Flores developed more leads to [ ] and [ ] of [ ] during this period than any other LA/COG operations officer. He has native fluency in Spanish and feels "at home" operating in the field. While in LA/COG Mr. Flores was called upon to do a considerable amount of TDY travel since he was on call to meet his [ ] asset anytime, any place whenever the agent [ ] of [ ]. In addition to these travels, Mr. Flores did a lot of traveling seeking out and debriefing potential access agents. During this last year he clearly demonstrated his ability to function independently and to assume responsibilities usually reserved for officers much more senior in grade and experience.

5. Mr. Flores was assigned in July 1976 to OTR on a two-year rotational assignment as an operations instructor. Upon completion of this assignment, Mr. Flores will return to this Division to assume responsibilities, either at Headquarters or in the field, commensurate with his demonstrated operational and managerial talents. In recognition of Mr. Flores' outstanding agent handling skills, his overall professional competency, and his obvious growth potential, it is strongly recommended that Mr. Flores be promoted to Grade GS-13.

  
Raymond A. Warren

SECRET  
EYES ONLY

SECRET

21 September 1976

MEMORANDUM FOR: Chief, OTR/LTD

FROM : Walter R. Cox  
Chief, ALT Unit

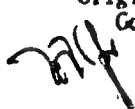
SUBJECT : Completion of Training Report  
Trainee: Daniel Flores  
Training Program:

1. For your information and for documentation in Daniel Flores' official personnel file, this memorandum certifies that he received the five-day SAI Persuasion Skills course at an NOCB  in Arlington, Virginia, between 11 and 17 August 1976. The instructor was Mr. George Steitz.

2. Briefly, the SAI course is a program in human relations and communications effectiveness on the interpersonal level. It provides the trainee with a framework for analyzing problems usually encountered in supervisory or in agent development, recruitment, and handling situations and with a system for presenting his ideas in a way standing the best chance for success in gaining a target individual's willing acceptance. Flores was an active and most interested participant throughout the program and achieved a good understanding of the basic principles involved. A copy of his course critique is attached for your information.

3. Since Flores is an ALT Instructor, we plan to dispense with the formality of a post-training questionnaire.

  
Walter R. Cox

  
Originated by:  
George W. Steitz

E-2 Impdet.  
Classified by 024097.

SECRET

CTR/ALT  
Staff

Trainee: Mr. Daniel Flores  
Instructor: Mr. Steitz

August 1976 -

To assist us in making decisions about future SAI training or application, your answers to the following questions will be most appreciated.

1. Do you feel SAI training was helpful to you? (If you choose to do so, please explain why or how.) This course was extremely useful to me. One of the main features of the course -- how to perceive the other person's objectives before your own -- was of particular interest because, as an instructor it will be one of the main tools I will use in evaluating the level of understanding of each trainee. This experience will also be very helpful to me in my career as a case officer. I can think of several instances where SAI could have helped me turn several failures (recruitment pitches) into successes.

2. Did SAI training provide you with any concepts or tools which can be applied in a practical way to your work problems? To your personal life? Any examples you care to mention?

The benefits that this course will provide for me in my job as an instructor are clear. I am absolutely certain that putting the SAI concept into practice will bring forth not only self satisfaction but career benefits as well. This will also be very helpful to me in my personal life. I can see now that some of the concepts will be put to work immediately.

3. What elements, segments, or aspects of the SAI training were of the most interest or use to you?

The greatest revelation from an operational point of view, was the clarification of perhaps an erroneous idea we have about obtaining our intelligence objectives. I always operated under the belief that the most important thing in my work was to attain my objectives, i.e. the recruitment of an agent. SAI revealed that this is true but it also revealed that it is more important to first consider the target's (agent's) objectives. Once we do this our chances (in my opinion after taking SAI) success would probably increase by at least 90 per cent. If I were to stress one point it would be that more emphasis be placed on dealing with the target's rather than the CO's objectives.

4. Would you recommend SAI training for other of our personnel?

I am sure that many people would be recommended for this training and that all would benefit from it. However, I would strongly recommend that personnel officers be given SAI as a prerequisite to their job. It would certainly help them in dealing with large numbers of different people.

5. What other components or categories of personnel do you believe would benefit from SAI training to a degree making it worthwhile for them to receive it?

6. Please comment, if you have any definite opinion, on the duration and pace of the training: too long/short? too fast/slow? The pace of the course was excellent. However, adding one or two more days would certainly help in putting the SAI concepts into practice by the trainee himself. That is, perhaps a live exercise with a person who is not aware of the training situation. A trainee could be tasked to elicit information from an unwitting participant. The use of videotapes and/or movies would help in testing the trainees perceptiveness through the course.

7. Any other comments you may wish to make:

A brief comment about the instructor. He was definitely responsible for the success of the course. Mr. Steitz showed excellent knowledge of the SAI material and throughout the course kept the student's interest alive x by showing tremendous enthusiasm in what he was teaching. The end result of the professionalism that Mr. Steitz demonstrated in the class is reflected in the comments stated here and in the confidence he instilled in me personally.

8. On a scale of 1 to 5, how would you rate SAI training in relation to other training you have received from the Agency? Please encircle applicable number:

Non-Essential	Slightly Helpful	Generally Helpful	Very Helpful	Essential
1	2	3	4	5
				X

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED		
					25 June 1976		
1. SERIAL NUMBER		2. NAME (Last-First-Middle)					
036130		FLORES, Daniel					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
Reassignment				MONTH DAY YEAR 06 21 76		Regular	
6. FUNDS		7. PAY AND RATE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
<div style="display: flex; justify-content: space-between;"> <span>V TO V</span> <span>V TO CF</span> </div> <div style="display: flex; justify-content: space-between;"> <span>CF TO V</span> <span>X CF TO CF</span> </div>		175-3010 0000					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDA/OTR Functional Training Division Operations Training Branch				Washington, D.C.			
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
Instructor-Ops				BD33		DQB	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		1712.32		12 3		20678	
18. REMARKS							
<p>CONCUR: <i>[Signature]</i> LA/PERS</p> <p>20678204</p> <p>acknowledgment of Cataloging Etc will be provided</p> <p>payroll security</p> <p align="right">B DDD MT DQB 10 DQB</p> <p align="right">CONCUR: <i>[Signature]</i> DDO/MSB/MPC</p>							
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
Harry E. Fitzwater, DTR				25 June 76		DDO/CMG/12	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES	22. STATION CODE	23. EMPLOYEE CODE	24. ADDRESS CODE	25. DATE OF BIRTH	26. DATE OF GRADE
37	10	17500	CTR	75013		06/24/35	
27. NTE EXPERT	28. SPECIAL DISTINCTION	29. DETACHMENT DATA	30. SEPARATION DATA CODE	31. FUNDATION CANCELLATION DATA	32. DATA		
33. VET PREFERENCE	34. VET COMP DATA	35. LONG COMP DATA	36. CAREER CATEGORY	37. HEALTH STATUS	38. SECURITY DATA		
39. PERSONAL (EXCLUDED GOVERNMENT SERVICE)	40. LEAVE (LT)	41. PERSONAL DATA	42. PERSONAL DATA	43. PERSONAL DATA	44. PERSONAL DATA		
45. REQUEST (CONCISE) COPIATION				46. REQUEST (CONCISE) COPIATION			
From 09 June 1976				09 June 1976			

**SECRET**



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(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
										26 AUGUST 1975	
1. SERIAL NUMBER 036130 ✓		2. NAME (Last-First-Middle) FLORES, DANIEL ✓									
3. NATURE OF PERSONNEL ACTION CONVERSION FROM <input type="checkbox"/> STATUS						4. EFFECTIVE DATE (Requested) MONTH DAY YEAR 09 14 75		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS ▶		V TO V O TO V		V TO O O TO O		7. PAY AND MICA 6135-4534-0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDO/LATIN-AMERICA DIVISION CUBA OPERATIONS GROUP OPS BRANCH						10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.					
11. POSITION TITLE OPERATIONS OFFICER ✓ (14)						12. POSITION NUMBER CQ65 ✓		13. CAREER SERVICE DESIGNATION DQB. ✓			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS				15. OCCUPATIONAL SERIES 0136.01 ✓		16. GRADE AND STEP 12 2 ✓		17. SALARY OR RATE \$ 19,078 ✓			
18. REMARKS											
18A. SIGNATURE OF REQUESTING OFFICIAL H.L. BERTHOLD, C/LA/PERS				DATE SIGNED 26 AUG 75		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 56	20. EMPLOY CODE 10	21. OFFICE CODE 51400	22. STATION CODE LA	23. INITIALS CODE 70813	24. MODIFIER CODE 1	25. DATE OF BIRTH 09 12 135 ✓	26. DATE OF GAGIN 09 12 135 ✓	27. DATE OF LSI	28. SECURITY CODE 00 00		
29. PAY LEVEL 00 00 10	30. PAYING OFFICER 00 00 10	31. PAYMENT DATE 00 00 10	32. PAYMENT DATE 00 00 10	33. PAYMENT DATE 00 00 10	34. PAYMENT DATE 00 00 10	35. PAYMENT DATE 00 00 10	36. PAYMENT DATE 00 00 10	37. PAYMENT DATE 00 00 10	38. PAYMENT DATE 00 00 10	39. PAYMENT DATE 00 00 10	40. PAYMENT DATE 00 00 10
41. PAYMENT DATE 00 00 10	42. PAYMENT DATE 00 00 10	43. PAYMENT DATE 00 00 10	44. PAYMENT DATE 00 00 10	45. PAYMENT DATE 00 00 10	46. PAYMENT DATE 00 00 10	47. PAYMENT DATE 00 00 10	48. PAYMENT DATE 00 00 10	49. PAYMENT DATE 00 00 10	50. PAYMENT DATE 00 00 10	51. PAYMENT DATE 00 00 10	52. PAYMENT DATE 00 00 10
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(When Filled In)

## REQUEST FOR PERSONNEL ACTION

DATE PREPARED

10 SEPTEMBER 1974

1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES, DANIEL																																																																																		
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 15 74																																																																																		
5. CATEGORY OF EMPLOYMENT REGULAR		6. LEGAL AUTHORITY (Completed by Office of Personnel)																																																																																		
7. PAN AND NSCA 5135 4534 0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)																																																																																		
9. ORGANIZATIONAL DESIGNATIONS DDO/WH DIVISION WH/COG OPS BRANCH		10. LOCATION OF OFFICIAL STATION WASH D.C.																																																																																		
11. POSITION NUMBER OPS OFFICER		12. CAREER SERVICE DESIGNATION DQB																																																																																		
13. OCCUPATIONAL SERIES 0136.01		14. GRADE AND STEP 12 1																																																																																		
15. SALARY GRADE GS		16. SALARY RATE 17,497																																																																																		
17. REMARKS From position 1134  *Wash, D.C.																																																																																				
18. SIGNATURE OF REQUESTING OFFICIAL H.E. BRINTHOLD D/WH/PERS		19. DATE SIGNED 12 SEP 74																																																																																		
20. SIGNATURE OF APPROVING OFFICER Ruben		21. DATE SIGNED 16 Sept 74																																																																																		
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18 SEP 74																																																																																				

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(If Not Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)				11 July 74	
036130		Flores, Daniel					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
Reassignment				MONTH DAY YEAR 07 22 74		Regular	
6. FUNDS		7. PAN AND NSCA		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> CF TO CF		5 0135-4534 0000					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDO/WH Division WH/COG Ops Support Branch				Washington, D.C.			
11. POSITION NUMBER				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
Ops Officer (12)				1134		DQB	
14. CLASSIFICATION SCHEDULE (G.S., F.R., etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0136.01		12 1		17,497	
18. REMARKS							
From Lima, Peru 57085 * Lima, Peru							
19. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
H. L. Berthold, C/WH/PERS				11 July 74		Daniel L. Shelton 7/18/74	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE		22. EMPLOY CODE		23. OFFICE CODING		24. STATION CODE	
37 10		51500		ALPHABETIC		75012	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LST			
1 08 14 135							
28. DATE OF EXPIRY		29. SPECIAL BENEFITS		30. SEPARATION DATA		31. CORRECTION/AMENDMENT DATA	
						<input checked="" type="checkbox"/> FOD DATA	
32. NET PERFORMANCE		33. SERV COMP DATA		34. LONG COMP DATA		35. CAREER LATE LOSS	
36. PERIODS OF SERVICE		37. LEAVE DATA		38. REGULAR PAY DATA		39. SOCIAL SECURITY DATA	
40. PERIODS OF SERVICE		41. LEAVE DATA		42. REGULAR PAY DATA		43. SOCIAL SECURITY DATA	
44. APPROVAL				DATE APPROVED			
05 7/18/74				13/74			

11-117

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 9-4101

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

11-117

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
										18 June 1974	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)									
036130		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT				
DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM				MONTH DAY YEAR 06 23 74			REGULAR				
6. FUNDS		V TO V		V TO O		7. PAY AND BENEFIT		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
CF TO V		X		O TO O		4135708Y 0000		PL 88-643 SECT. 203			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDO/WH Division						LIMA, Peru					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
								D			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
						12		S			
18. REMARKS											
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.											
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. OFFICIAL CODE		24. MOBILE CODE	
				NUMERIC ALPHABETIC						DATE OF BIRTH	
										MO DA YR	
										3 08 04 35	
25. SITE EXPENSE		26. SPECIAL REFERENCE		27. RETIREMENT DATA		28. SEPARATION DATA		29. CANCELLATION DATA		30. SECURITY	
MO DA YR				CODE		MO DA YR		MO DA YR		MO DA YR	
				2						EOD DATA	
31. SET PRESENTS		32. SET COMP DATA		33. SET COMP DATA		34. SETS CATEGORY		35. SETS DATA		36. SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		CODE		MO DA YR		MO DA YR	
37. PERIODIC (LIFE) AND GOVERNMENT WORK		38. LEAVE (L)		39. LEAVE (L)		40. LEAVE (L)		41. LEAVE (L)		42. LEAVE (L)	
CODE		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
43. PROMOTION/REASSIGNMENT/RECLASSIFICATION		44. PROMOTION/REASSIGNMENT/RECLASSIFICATION		45. PROMOTION/REASSIGNMENT/RECLASSIFICATION		46. PROMOTION/REASSIGNMENT/RECLASSIFICATION		47. PROMOTION/REASSIGNMENT/RECLASSIFICATION		48. PROMOTION/REASSIGNMENT/RECLASSIFICATION	
CODE		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
49. SIGNATURE OF APPROVING OFFICER										DATE APPROVED	
See memo signed by											
D/Personnel											

1152 USE PREVIOUS EDITION  
FORM (1-71)

SECRET

12 IMPDET CL BY 007022

**SECRET**  
(When Filled In)

## REQUEST FOR PERSONNEL ACTION

DATE PREPARED

19 NOVEMBER 1973

1. SERIAL NUMBER 2. NAME (Last-First-Middle)

036130

FLORES DANIEL

3. NATURE OF PERSONNEL ACTION

PROMOTION

4. EFFECTIVE DATE REQUESTED

MONTH	DAY	YEAR
11	25	73

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

V TO V

V TO C

C TO V

C TO C

7. FAN AND NSCA

4135 1084 0000

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS

DDO/WII DIVISION  
FOREIGN FIELD  
BR 3 - LIMA, PERU STATION

10. LOCATION OF OFFICIAL STATION

LIMA, PERU

11. POSITION TITLE

OPS OFFICER

(12)

12. POSITION NUMBER

0136

13. CAREER SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, FS, etc.)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

12 1

17. SALARY OR RATE

\$ 17497

18. REMARKS

From: GS-11.4

HOME BASE: WII

*\* Lima, Peru*

*James V. Blanford*  
11/16/73

18A. SIGNATURE OF REQUESTING OFFICIAL

Jane Wurz, AC/WII/Pers

DATE SIGNED

19 Nov 73

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER

DATE SIGNED

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 51160	22. STATION CODE ALPHABETIC LWA	23. INTEGRAL CODE 0000	24. MONTHS CODE 3	25. DATE OF BIRTH MO DA YR 03/04/35	26. DATE OF GRADE MO DA YR 11/12/73	27. DATE OF LEI MO DA YR 11/12/73
28. WTE EXPIRES MO DA YR	29. SPECIAL REFERENCE 1-XX 2-XX 3-XX	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	EOD DATA			
33. WTE PREFERENCE CODE 0-None 1-5 PT 2-10 PT	34. SERV COMP. DATE MO DA YR	35. LONG COMP. DATE MO DA YR	36. CAREER CATEGORY CMB/BSY PROV/TEMP	37. HEALTH INSURANCE CODE 1-Yes 2-No	38. SOCIAL SECURITY NO.			
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			40. LEAVE CAT. CODE	41. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		42. STATE TAX DATA FORM EXECUTED 1-YES 2-NO		
43. POSITION CONTROL CERTIFICATION 11/23/73 29 NOV 1973				44. C.P. APPROVAL 11/14/73		45. DATE APPROVED 23 NOV 73		

FORM 1152

USE PREVIOUS EDITION

**SECRET**

CLASSIFIED BY 01-0333

11/2

APPROB

(4)

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 23 Nov 71	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES, DANIEL									
3. NATURE OF PERSONNEL ACTION PROMOTION					4. EFFECTIVE DATE REQUESTED MONTH 11 DAY 28 YEAR 71			5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS V TO V C TO V		V TO C C TO C		7. FINANCIAL ANALYSIS NO CHARGEABLE 2135 1084			8. LEGAL AUTHORITY (Completed by Office of Personnel)				
9. ORGANIZATIONAL DESIGNATIONS DDP/WH Division FOREIGN FIELD BRANCH 3 - LIMA, PERU STATION					10. LOCATION OF OFFICIAL STATION LIMA, PERU						
11. POSITION TITLE OPS OFFICER (12)					12. POSITION NUMBER 0136		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 11 3		17. SALARY OR RATE \$ 13,457				
18. REMARKS From GS 10. 3 *LIMA, PERU.											
18A. SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i>				DATE SIGNED 23 Nov 71		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>				DATE SIGNED 11/24/71	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC 51760 ALPHABETIC WH		22. STATION CODE 57035		23. INTEGRER CODE 3		24. BOOKS CODE 3	
25. DATE OF BIRTH MO. DA. YR. 08/04/33		26. DATE OF GRADE MO. DA. YR. 11/25/71		27. DATE OF LEI MO. DA. YR. 11/25/71		28. DATE OF CANCELLATION MO. DA. YR. EOD DATA		29. SECURITY REQ. NO		30. SEX	
31. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		32. SERV COMP DATE MO. DA. YR.		33. LONG COMP DATE MO. DA. YR.		34. CAREER CATEGORY CODE 1-YES 2-NO		35. LEGAL/HEALTH INSURANCE CODE 0-WAIVER 1-RIG 2-REG/OPV 3-UNRELIABLE		36. SOCIAL SECURITY NO	
37. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO PREVIOUS SERVICE 2-SOME IN SERVICE (LESS THAN 3 YEARS) 3-SOME IN SERVICE (MORE THAN 3 YEARS)				38. LEAVE CAT CODE		39. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		40. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO		41. NO TAX STATE CODE	
42. POSITION CONTROL CERTIFICATION 11-26-71						43. O P APPROVAL <i>[Signature]</i>				DATE APPROVED 11/24/71	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

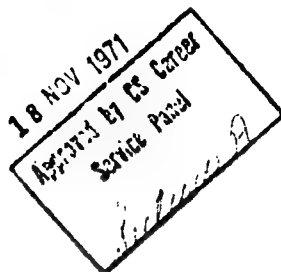
101



**SECRET**  
(When Filled In)

REPORT OF SERVICE ABROAD												
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>FILE PUNCHED BY</b> </div>												
TO: Office of Personnel, Transactions and Records Branch, Status Section												
SERIAL NO.		NAME										
		LAST		FIRST				MIDDLE				
1-6		(Print)		7-24								
036130		FLORES		DANIEL								
INSTRUCTIONS												
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION ( <i>One only</i> ). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 99, REVISED.												
PCS DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE			CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS ( <i>Basic</i> ) 3 - CORRECTION 5 - CANCELLATION			37	38	39	40-42
09	24	71							1			570
TDY DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREAS	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE			CODE
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY ( <i>Basic</i> ) 4 - CORRECTION 6 - CANCELLATION			37	38	39	40-42
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA												
SOURCE DOCUMENT AND CERTIFICATION												
TRAVEL VOUCHER						DISPATCH						
✓ CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT						
OTHER ( <i>Specify</i> )												
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD						
178740						9/10/71						
REMARKS												
PREPARED BY		REPORT ANNOTATED ON CONTROL DOCUMENT		ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED								
DCO		DATE		SIGNATURE								
C & L DIVISION CYBR.		9/10/71		R. B. [Signature]								
C & T DIVISION												
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER												

SECRET  
EYES ONLY



17 AUG 1971

MEMORANDUM FOR: Secretary, CSCS Panel A

SUBJECT : Recommendation for Promotion to Grade  
GS-11, Daniel Flores

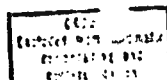
1. It is recommended that Mr. Daniel Flores be promoted from GS-10 to GS-11.

2. Mr. Flores is 36 years old and joined the Agency in March 1962. He has successively been a file clerk, translator, intelligence assistant, career trainee and operations officer. He worked part time for several years so that he could obtain his BA degree from American University. This he did in 1967 with his specialty being Latin American Affairs.

3. Mr. Flores, who is bilingual in English and Spanish, has just completed his first overseas tour as an operations officer in Guayaquil, Ecuador. It is on the basis of his very fine performance during this tour that this promotion request is based. Also as a result of his record in Guayaquil, he has been assigned to Lima Station as an operations officer in a position which is rated as GS-13.

4. The Chief of Base, Guayaquil, and the Chief of Station, Quito, both have rated Mr. Flores as "Strong" in his fitness reports and both have stated that his performance in Guayaquil merited a Quality Step Increase. This QSI request is currently being processed and is based on the outstanding job Mr. Flores did in connection with a very sensitive [redacted] operation. He planned the [redacted] aspects, supervised the installation, located the [redacted] recruited the [redacted] and processed all the intelligence which was produced. The intelligence derived from this source has been of consistently high quality and the operation has been described by the Chief of Station, Quito, as the best and most productive of all the operations in Ecuador. Throughout all aspects of the operation, Mr. Flores maintained tight control on its security and avoided any problems in this respect.

SECRET  
EYES ONLY



SECRET  
EYES ONLY

-2-

5. By his performance in Guayaquil, Mr. Flores has demonstrated that he has found his proper role as an operations officer and that he has potential for growth in this area of endeavor. WII Division strongly recommends that he be promoted to GS-11.

*James E. Shapley*  
William V. Proctor  
Chief  
Western Hemisphere Division

SECRET  
EYES ONLY

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 7 September 1971	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09/14/71			5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V CP TO V		V TO CP X CP TO CP		7. FINANCIAL ANALYSIS NO CHARGEABLE 2135 1084		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 3 LIMA, PERU STATION					10. LOCATION OF OFFICIAL STATION LIMA, PERU						
11. POSITION TITLE OPS OFFICER					12. POSITION NUMBER 0136		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 10 3		17. SALARY OR RATE \$12285				
18. REMARKS (X) <i>G. unrequited, Ecuador</i> From DDP/WH #0376 Vice Donald Venute Approved 259a attached.  From 259a: Mr. Flores' Spanish capabilities are native reading and high speaking which more than meet the language requirements of intermediate reading and speaking for the Station.  HB:WH											
19A. SIGNATURE OF REQUESTING OFFICIAL Henry L. Bertinold, C/WH/Pers				DATE SIGNED 9/13/71		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>				DATE SIGNED 11/1/71	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37 10		20. EMPLOY CODE 51 100 60		21. OFFICE CODING NUMERIC ALPHABETIC 5705		22. STATION CODE 5705		23. RITGRL CODE		24. HOUSING CODE 3	
25. DATE OF BIRTH MO. DA. YR. 05/04/35		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LET MO. DA. YR.		28. DATE OF BIRTH MO. DA. YR.		29. DATE OF GRADE MO. DA. YR.		30. DATE OF LET MO. DA. YR.	
31. SPECIAL REFERENCE MO. DA. YR. 01/01/71		32. RETIREMENT DATA CODE 1-01 2-01 3-01		33. SEPARATION DATA CODE		34. CORRECTION, CANCELLATION DATA TYPE MO. DA. YR.		35. SECURITY REG. NO.		36. SEC	
37. VET PREFERENCE CODE 1-01 2-01		38. SERV COMP DATE MO. DA. YR.		39. LONG COMP DATE MO. DA. YR.		40. CAREER CATEGORY CODE 1-01 2-01		41. FEGLI HEALTH INSURANCE CODE 1-01 2-01		42. SOCIAL SECURITY NO.	
43. PREVIOUS (CIVILIAN) GOVERNMENT SERVICE CODE 1-NO PREVIOUS SERVICE 2-ORIGIN IN SERVICE (LESS THAN 3 YEARS) 3-ORIGIN IN SERVICE (MORE THAN 3 YEARS)		44. LEAVE CAT CODE		45. FEDERAL TAX DATA CODE 1-01 2-01		46. STATE TAX DATA CODE 1-01 2-01		47. SOCIAL SECURITY NO.		48. SOCIAL SECURITY NO.	
49. POSITION CONTROL CERTIFICATION 11 9-17-71						50. OF APPROVAL 11 15-71			51. DATE APPROVED 11/1/71		

SECRET

(When Filled In)

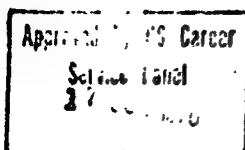
REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				21 JULY 1970	
1 SERIAL NUMBER 036130		2 NAME (Last-First-Middle) FLORES, DANIEL			
3 NATURE OF PERSONNEL ACTION PROMOTION			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 26 70		5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS V TO V CF TO V X CF TO CF			7 FINANCIAL ANALYSIS NO CHARGEABLE 1135 0884		8 LEGAL AUTHORITY (Completed by Office of Personnel)
9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 3 STATION BASE			10 LOCATION OF OFFICIAL STATION		
11 POSITION TITLE OPS OFFICER (09)			12 POSITION NUMBER 0376		13 CAREER SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 10 2	
				17 SALARY OR RATE \$ 10059 // 23/	
18 REMARKS * PRA NTE TWO YEARS IN ACCORDANCE WITH HR 20-17d(1)(a). FORMERLY A GS-9-3, \$10539 *					
18A SIGNATURE OF REQUESTING OFFICIAL HENRY L. BERTHOLD		DATE SIGNED 21 July 70		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL 11/11/70	
18C SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL 11/11/70					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 22	20 EMPLOY CODE 10	21 OFFICE CODES 51280 LCH	22 STATION CODE 17553	23 OFFICIALS CODE 3	24 OFFICIALS CODE 3
25 OFFICIALS CODE 17553	26 OFFICIALS CODE 81	27 OFFICIALS CODE 81	28 OFFICIALS CODE 81	29 OFFICIALS CODE 81	30 OFFICIALS CODE 81
31 OFFICIALS CODE 81	32 OFFICIALS CODE 81	33 OFFICIALS CODE 81	34 OFFICIALS CODE 81	35 OFFICIALS CODE 81	36 OFFICIALS CODE 81
37 OFFICIALS CODE 81	38 OFFICIALS CODE 81	39 OFFICIALS CODE 81	40 OFFICIALS CODE 81	41 OFFICIALS CODE 81	42 OFFICIALS CODE 81
43 OFFICIALS CODE 81	44 OFFICIALS CODE 81	45 OFFICIALS CODE 81	46 OFFICIALS CODE 81	47 OFFICIALS CODE 81	48 OFFICIALS CODE 81
49 OFFICIALS CODE 81	50 OFFICIALS CODE 81	51 OFFICIALS CODE 81	52 OFFICIALS CODE 81	53 OFFICIALS CODE 81	54 OFFICIALS CODE 81
55 OFFICIALS CODE 81	56 OFFICIALS CODE 81	57 OFFICIALS CODE 81	58 OFFICIALS CODE 81	59 OFFICIALS CODE 81	60 OFFICIALS CODE 81
61 OFFICIALS CODE 81	62 OFFICIALS CODE 81	63 OFFICIALS CODE 81	64 OFFICIALS CODE 81	65 OFFICIALS CODE 81	66 OFFICIALS CODE 81
67 OFFICIALS CODE 81	68 OFFICIALS CODE 81	69 OFFICIALS CODE 81	70 OFFICIALS CODE 81	71 OFFICIALS CODE 81	72 OFFICIALS CODE 81
73 OFFICIALS CODE 81	74 OFFICIALS CODE 81	75 OFFICIALS CODE 81	76 OFFICIALS CODE 81	77 OFFICIALS CODE 81	78 OFFICIALS CODE 81
79 OFFICIALS CODE 81	80 OFFICIALS CODE 81	81 OFFICIALS CODE 81	82 OFFICIALS CODE 81	83 OFFICIALS CODE 81	84 OFFICIALS CODE 81
85 OFFICIALS CODE 81	86 OFFICIALS CODE 81	87 OFFICIALS CODE 81	88 OFFICIALS CODE 81	89 OFFICIALS CODE 81	90 OFFICIALS CODE 81
91 OFFICIALS CODE 81	92 OFFICIALS CODE 81	93 OFFICIALS CODE 81	94 OFFICIALS CODE 81	95 OFFICIALS CODE 81	96 OFFICIALS CODE 81
97 OFFICIALS CODE 81	98 OFFICIALS CODE 81	99 OFFICIALS CODE 81	100 OFFICIALS CODE 81	101 OFFICIALS CODE 81	102 OFFICIALS CODE 81
103 OFFICIALS CODE 81	104 OFFICIALS CODE 81	105 OFFICIALS CODE 81	106 OFFICIALS CODE 81	107 OFFICIALS CODE 81	108 OFFICIALS CODE 81
109 OFFICIALS CODE 81	110 OFFICIALS CODE 81	111 OFFICIALS CODE 81	112 OFFICIALS CODE 81	113 OFFICIALS CODE 81	114 OFFICIALS CODE 81
115 OFFICIALS CODE 81	116 OFFICIALS CODE 81	117 OFFICIALS CODE 81	118 OFFICIALS CODE 81	119 OFFICIALS CODE 81	120 OFFICIALS CODE 81

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SECRET  
EYES ONLY



2 JUN 1970

MEMORANDUM FOR: Secretary, CSCS Panel (Section C)

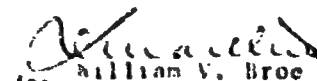
SUBJECT : Recommendation for Promotion to Grade  
GS-10, Daniel Flores

1. It is recommended that Mr. Daniel Flores be promoted from GS-9 to GS-10. Mr. Flores has been in his present grade since April 1969.

2. Mr. Flores joined the Agency in 1962. Initially he was employed on a part-time basis in the MI Division while attending American University. He received his AB degree in 1967 and became a full-time staff employee. On the strong recommendation of his supervisors, Mr. Flores was accepted for the Career Training Program which he completed in August 1968. After rejoining the MI Division, he was selected for assignment as an operations officer at the [redacted] Base, where he arrived in May 1969.

3. Mr. Flores has made a most impressive beginning in [redacted]. He has adapted to new tasks and a new environment with a mature assurance and a professional approach. Shortly after arrival in [redacted] the Base was temporarily depleted of other officers. Mr. Flores carried out the duties of acting Chief of Base in a most commendable manner. His fluency in Spanish and his Latin background have been definite assets in the performance of his duties. His performance to date has demonstrated that he handles his agents securely and productively. Both Mr. Flores and his wife have been well accepted within the local community and they carry out their representational duties very effectively.

4. Mr. Flores has proven to be a competent operations officer. As he further develops through experience and responsibility he should become eligible for rapid advancement. In any case he is already performing at a level higher than his present grade and a promotion at this time is strongly recommended.

  
William V. Broe  
Chief  
Western Hemisphere Division

SECRET  
EYES ONLY



<b>DISPATCH</b>		CLASSIFICATION RYBAT SECRET		FIG. 17	
TO: Chief, WI Division		Z		PRIORITY	
FROM: Chief of Station, Quito				ONLY FOR INFORMATION DO NOT REPLY	
SUBJECT: Chief of Base, [REDACTED]				REMARKS	
ADMINISTRATIVE/PERSONNEL - Promotion for [REDACTED]					
ACTION REQUIRED: See Below					
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           Approved by CS Career Service Panel            17 JUL 1970         </div>					
<p>During the visit of the Chief, WHD to the Base last November 1969 he mentioned to the COS, Quito and the COB that the promotion for <sup>Flores</sup> [REDACTED] (from GS-9 to GS-10) would be forthcoming; he also said this to <sup>Flores</sup> [REDACTED] during a private meeting. Thus far, however, there has been no notice of the promotion action. The COB assumes that the delay is related in some way to the dates set for meeting of the promotion panel for <sup>Flores</sup> [REDACTED] grade. If this assumption is not correct, however, and some further action by the Base is necessary in addition to the recommendation contained in <sup>Flores</sup> [REDACTED] last Fitness Report, the COB would appreciate being advised.</p>					
<p>Distribution:          1 orig. &amp; 2 - C/WHD          2 - COS, Quito</p> <p style="text-align: right;">15/ Robert L. Fambriani</p>					
DISPATCH TO		DISPATCH SYMBOL AND NUMBER		DATE	
1		HNSP-1474		26 May 1970	
		CLASSIFICATION RYBAT SECRET		POST FILE NUMBER	

**SECRET**  
(U.S. Gov. Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER <b>036130</b>		2. NAME (Last-First-Middle) <b>FLORES, DANIEL</b>			
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED MONTH <b>04</b> DAY <b>10</b> YEAR <b>69</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS V TO V CF TO V X CF TO CF		7. FINANCIAL ANALYSIS NO. <b>9135 0884</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH FOREIGN FIELD BRANCH 3</b>		10. LOCATION OF OFFICIAL STATION <b>Base</b>			
11. POSITION TITLE <b>OPS OFFICER</b>		12. POSITION NUMBER <b>0376</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (G.S. I.R. etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0138.01</b>		16. GRADE AND STEP <b>C9 2</b>	
17. SALARY OR RATE <b>\$ 8744</b>		18. REMARKS <b>SICK AND HOURS ANNUAL LEAVE TO BE TRANSFERRED TO THE</b> <b>MARITAL STATUS: MARRIED</b>			
DATE SIGNED <b>X5013</b>		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE <b>55</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC <b>5170</b> ALPHABETIC <b>10H</b>	22. STATION CODE <b>14559</b>	23. INTEGRIS CODE <b>3</b>	24. MOOTPS CODE <b>08K4B5</b>
25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LST MO. DA. YR.	28. SECURITY REQ. NO.		
29. RET. EXPIRES MO. DA. YR.	30. RETIREMENT DATA 1-YES 2-ORDN 3-FLA 4-ROSE	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE MO. DA. YR.	33. SECURITY REQ. NO.	
34. RET. PREFERENCE CODE 0-NO 1-5 YR 2-10 YR	35. SERV. COMP. DATE MO. DA. YR.	36. LONG. COMP. DATE MO. DA. YR.	37. CAREER CATEGORY CODE 1-NO 2-YES	38. REG. HEALTH INSURANCE CODE 0-NO 1-YES	39. SOCIAL SECURITY NO.
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		41. LEAVE CAT. CODE	42. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		43. STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CLAIM
44. POSITION CONTROL CERTIFICATION		45. C.P. APPROVAL <b>C42469/RK</b>		DATE APPROVED <b>C42469</b>	

FORM 1152 USE PREVIOUS EDITION

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

**SECRET**  
(U Not Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER <b>036130</b>				2. NAME (Last-First-Middle) <b>FLORES, DANIEL</b>	
3. NATURE OF PERSONNEL ACTION <b>PROMOTION, TRANSFER TO <del>NEW</del> FUNDS, AND CHANGE OF SERVICE DESIGNATION</b>				4. EFFECTIVE DATE REQUESTED MONTH <b>04</b> DAY <b>06</b> YEAR <b>69</b>	
5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>				6. FINANCIAL ANALYSIS NO. CHARGEABLE <b>9135 0884</b>	
7. LEGAL AUTHORITY (Completed by Office of Personnel)				8. ORGANIZATIONAL DESIGNATIONS <b>DDP7WH FOREIGN FIELD BRANCH #3</b>	
9. LOCATION OF OFFICIAL STATION <b>STATION BASE</b>				10. POSITION TITLE <b>OPS OFFICER (09)</b>	
11. POSITION NUMBER <b>0376</b>				12. CAREER SERVICE DESIGNATION <b>D</b>	
13. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>				14. OCCUPATIONAL SERIES <b>0136.01</b>	
15. GRADE AND STEP <b>09 2</b>				16. SALARY OR RATE <b>\$ 8744</b>	
17. REMARKS <b>APPROVED 259a ATTACHED.</b> <b>FROM: DDP/WH/Branch 4/Pos. 1441.</b> <b>GS-08, step 2, \$7956/annum.</b> <b>I CONCUR IN CHANGE OF SERVICE DESIGNATION FROM SJ TO D:</b> <i>(Signed on original)</i> <b>3 Apr 69</b> <b>CONCUR:</b> <i>Arthur McNeil (initials)</i> <b>OTR/PERS</b>					
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Henry L. Berthold</i> <b>HENRY L. BERTHOLD</b>		DATE SIGNED <b>3 APR 69</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Robert M. McKel...</i> <b>4 APR 1969</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE <b>20</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC <b>5170</b> ALPHABETIC <b>WH</b>	22. STATION CODE <b>A559</b>	23. INTEGRITY CODE	24. MONTHS CODE <b>3</b>
25. DATE OF BIRTH <b>08/04/35</b>	26. DATE OF GRADE <b>04/06/69</b>	27. DATE OF LST <b>04/06/69</b>	28. DATE OF BIRTH <b>08/04/35</b>	29. DATE OF GRADE <b>04/06/69</b>	30. DATE OF LST <b>04/06/69</b>
31. RET. EXPIRES MO DA YR	32. SPECIAL DEFENSES MO DA YR	33. RETIREMENT DATA MO DA YR	34. SEPARATION DATA CODE TYPE	35. CORRECTION CANCELLATION DATA MO DA YR	36. SECURITY RIG NO
37. NET PREFERENCE CODE	38. SERV COMP DATE MO DA YR	39. LONG COMP DATE MO DA YR	40. CAREER CATEGORY CODE	41. FEGLI HEALTH INSURANCE CODE	42. SOCIAL SECURITY NO
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	44. LEAFY CAT CODE	45. FEDERAL TAX DATA CODE	46. STATE TAX DATA CODE	47. FEDERAL TAX DATA CODE	48. STATE TAX DATA CODE
49. POSITION CONTROL CERTIFICATION			50. OF APPROVAL <i>Arthur McNeil</i>		

FORM 1152 1-54 PREVIOUS EDITIONS

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(U) Are listed to:

REQUEST FOR PERSONNEL ACTION										23 SEPTEMBER 1968	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)									
036130		FLORES, DANIEL									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT					MONTH 10 DAY 06 YEAR 68			REGULAR			
6. FUNDS		XX		V TO V		V TO C		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
DDP/WH		XX		V TO V		V TO C		9235 0620			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP/WH BRANCH 4					WASH., D. C.						
SECTION											
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION			
Ops Officer					1441			SS			
X CAREER TRAINING											
14. CLASSIFICATION SCHEDULE (GS, JR, etc.)					15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE	
GS					0136.01			08 2		7,956	
18. REMARKS											
FROM: DDS/OTR/CAREER TRAINING PROGRAM/0748											
1 - Finance 1 - Security											
CONCUR: OTR/CTP											
DATE SIGNED: 24 Sep 68											
SIGNATURE OF CAREER SERVICE APPROVING OFFICER: Arthur T. McNeill, C/CTP											
DATE SIGNED: 24 Sep 68											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE											
37											
20. EMPLOY CODE											
10											
21. OFFICE CODING											
NUMERIC 01450											
ALPHABETIC WH											
22. STATION CODE											
72213											
23. INTEGRATE CODE											
1											
24. HQ/RTS CODE											
08104135											
25. DATE OF BIRTH											
MO DA YR											
26. DATE OF GRADE											
MO DA YR											
27. DATE OF LEI											
MO DA YR											
28. SPECIAL REFERENCE											
29. RETIREMENT DATA											
30. SEPARATION DATA CODE											
31. CORRECTION CANCELLATION DATA											
32. SECURITY REG NO.											
33. SEX											
34. SER											
35. VET PREFERENCE											
36. SERV COMP DATE											
37. LONG COMP DATE											
38. CAREER CATEGORY											
39. FEGLI HEALTH INSURANCE											
40. SOCIAL SECURITY NO											
41. PERIODS (FILL IN BOTH SERVICE)											
42. LEAVE ENT CODE											
43. FEDERAL TAX DATA											
44. STATE TAX DATA											
45. POSITION CONTROL CERTIFICATION											
46. APPROVAL											
DATE A											

1152 1961 PERMANENT EDITION

**SECRET**

(S) [REDACTED]  
[REDACTED] [REDACTED] [REDACTED]

10 Nov 1964

REQUEST FOR PERSONNEL ACTION										DATE PREPARED							
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								10 June 1966							
036130		FLORES, Daniel															
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT									
PROMOTION					MONTH DAY YEAR 03 15 66			REGULAR									
6. FUNDS		XX		V TO V				7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (as completed by Office of Personnel)							
				C TO V				8275 2100									
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION												
DUX/OTR CAREER TRAINING PROGRAM					WASHINGTON, D.C.												
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION									
CAREER TRAINEE					0743			SJ									
14. CLASSIFICATION SCHEDULE (GS, F, P, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE									
GS			0050.01		08 2			\$ 7630									
18. REMARKS																	
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED							
						Arthur T. McNeill Arthur T. McNeill, C/CTP				6/13/66							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRAL CODE		24. MONTHS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
22		10		03600 CTP		75013				1		MO. DA. YR. 03 15 35		MO. DA. YR.		MO. DA. YR.	
28. BTE EXPENSES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION (CANCELLATION) DATA		33. SECURITY EXP. NO.		34. LEI					
MO. DA. YR.				1-ELC 2-CRSD 3-PLCA 4-PLSC		CODE		TYPE MO. DA. YR.		EOD DATA							
35. NET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		0-None 1-1 PT 2-10 PT		MO. DA. YR.		MO. DA. YR.		1-AS REG 2-AS REG		CODE CODE		0-None 1-YES		HEALTH INS CODE			
41. PREVIOUS FEDERAL GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE				CODE		FEDERAL EXEMPTED CODE NO. TAX EXEMPTIONS				FEDERAL EXEMPTED CODE NO. TAX EXEMPTIONS				STATE TAX EXEMPTED CODE NO. TAX EXEMPTIONS			
0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 5 YEARS) 3-BREAK IN SERVICE (MORE THAN 5 YEARS)						1-YES 2-NO				1-YES 2-NO				1-YES 2-NO			
45. POSITION CONTROL CERTIFICATION						46. O.P. APPROVAL						DATE APPROVED					
RC 6 13 66						Edward T. McNeill						6/13/66					

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 28 November 1967	
1 SERIAL NUMBER 036130		2 NAME (Last-First-Middle) FLORES, Daniel									
3 NATURE OF PERSONNEL ACTION PROMOTION AND CHANGE OF SERVICE DESIGNATION						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 22 67		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS XX V TO V CF TO V		7 FINANCIAL ANALYSIS NO CHARGEABLE 8275 2100		8 LEGAL AUTHORITY (Completed by Office of Personnel)							
9 ORGANIZATIONAL DESIGNATIONS DDS/OTR CAREER TRAINING PROGRAM						10 LOCATION OF OFFICIAL STATION WASHINGTON, D.C.					
11 POSITION TITLE CAREER TRAINEE						12 POSITION NUMBER 0 748		13 CAREER SERVICE DESIGNATION SJ			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15 OCCUPATIONAL SERIES 0090-21		16 GRADE AND STEP 07 22		17 SALARY OR RATE \$ 6664.6959				
18 REMARKS From: DDP/WH/COG/Intelligence Branch/Operations Support Section, #1174. Subject has concurred in Change of Service Designation from D to SJ.											
CONCUR: <u>Henry L. Berthold</u> Chief, WH Personnel											
19A SIGNATURE OF REQUESTING OFFICIAL Robert B. Freeman, C/CTP				DATE SIGNED		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER JOHN RICHARDSON, DTR		DATE SIGNED 11/28/67			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE 22	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC 28300	22 STATION CODE CTP	23 INTEGRAL CODE 76013	24 ROOTS CODE 1	25 DATE OF BIRTH MO DA YR 08 04 35	26 DATE OF GRADE MO DA YR 12 17 67	27 DATE OF LST MO DA YR 12 17 67			
28 WTE EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-YES 2-NO	31 SEPARATION DATA CODE	32 CORRECTION (AMENDMENT) DATA TYPE MO DA YR	EOD DATA		33 SECURITY REG NO	34 VA			
35 PAY PREFERENCE CODE 0-NONE 1-1 PT 2-10 PT	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CODE 1-00 2-00 3-00	39 PHYSICIAN HEALTH UPGRADER CODE 0-BEFORE 1-AFTER	40 SOCIAL SECURITY NO						
41 PREVIOUS (FEDERAL GOVERNMENT SERVICE) CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (1-10 YEARS) 3-BREAK IN SERVICE (MORE THAN 10 YEARS)			42 LEAVE (LST) CODE	43 FOREIGN TAB DATA CODE 1-YES 2-NO	44 STATE TAB DATA CODE 1-YES 2-NO	45 POSITION CONTROL CERTIFICATION DATE APPROVED 12 2-67					
46 OFF APPROV Michael Pauljak						DATE APPROVED 11/28/67					

1152 USE PREVIOUS EDITION

**SECRET**

CONFIDENTIAL

26 October 1967

MEMORANDUM FOR: Daniel Flores

THROUGH : Executive Secretary  
CSCT Selection Board

SUBJECT : Application for Career Training Program

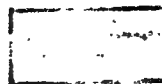
1. I am pleased to inform you that you have been accepted for the Career Training Program. Let me congratulate you and wish you the maximum profit and pleasure from your proposed training.

2. You will remain with your present Component until the beginning of the next Integrated Training Program, to begin 11 December. At that time you will be reassigned to the CTP T/O where you will remain until your training has been completed.

3. Should you have any further questions, do not hesitate to call on the Program Officers.

ROBERT B. FREEMAN  
Chief, CTP

CONFIDENTIAL



**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED																																																																																																																																																																																																																																																																																																									
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19 SIGNATURE OF PERSONNEL OFFICER		DATE SIGNED		20 SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED																																																																																																																																																																																																																																																																																																									
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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				22 June 1967	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES DANIEL			
3. NATURE OF PERSONNEL ACTION PROMOTION + Pay Adjustment to Full Time			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 30 67		5. CATEGORY OF EMPLOYMENT REGULAR PART-TIME
6. FUNDS X V TO V CF TO V			7. FINANCIAL ANALYSIS NO CHARGEABLE 8235 1162		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG INTELLIGENCE BRANCH OPERATIONAL SUPPORT SECTION			10. LOCATION OF OFFICIAL STATION WASH., D.C.		
11. POSITION TITLE INTELLIGENCE CLERK ASST (V)			12. POSITION NUMBER 1174	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (G, I, B, etc.) GS		15. OCCUPATIONAL SERIES 0301.28	16. GRADE AND STEP 06 3	17. SALARY OR RATE \$ 6263.	
18. REMARKS <p>Subject is returning to full-time duty on <sup>30</sup> July 1967.  Subject will graduate from Georgetown Univ. this month.</p>					
19. APPROVED BY Robert D. Cashman C/WH/Pers		20. DATE SIGNED 28 June	21. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>William Graham</i>		22. DATE SIGNED 7 July
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
23. ACTION CODE 22	24. EMPLOY CODE 10	25. OFFICE CODES ALPHABETIC G/WH	26. STATION CODE 750.3	27. INITIALS CODE 1	28. MONTHS 08
29. DATE OF BIRTH 12/30/61	30. DATE OF GRADE 12/30/61	31. DATE OF LHI 12/30/67	32. LOD DATA		
33. PAY PERIOD 1-1-68	34. PAY PERIOD 1-1-68	35. PAY PERIOD 1-1-68	36. PAY PERIOD 1-1-68	37. PAY PERIOD 1-1-68	38. PAY PERIOD 1-1-68
39. PAY PERIOD 1-1-68	40. PAY PERIOD 1-1-68	41. PAY PERIOD 1-1-68	42. PAY PERIOD 1-1-68	43. PAY PERIOD 1-1-68	44. PAY PERIOD 1-1-68
45. PAY PERIOD 1-1-68	46. PAY PERIOD 1-1-68	47. PAY PERIOD 1-1-68	48. PAY PERIOD 1-1-68	49. PAY PERIOD 1-1-68	50. PAY PERIOD 1-1-68
51. PAY PERIOD 1-1-68	52. PAY PERIOD 1-1-68	53. PAY PERIOD 1-1-68	54. PAY PERIOD 1-1-68	55. PAY PERIOD 1-1-68	56. PAY PERIOD 1-1-68
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*July 29*

**MEMORANDUM FOR: Secretary CSCS Panel, Section D**

**SUBJECT : Recommendation for the Promotion of Mr.  
Daniel Flores From GS-05 to GS-06.**

1. Mr. Flores has been working in WH/COG and its predecessor groups since 1963. His fitness reports have been consistently good and the comments of his supervisors laudatory. In mid-1965 Mr. Flores was changed from full-time to part-time staff employee in order to allow him to attend American University on a full-time basis. His course of study leads to a Bachelor's Degree in Political Science with emphasis in Latin American affairs. Mr. Flores has made the Dean's List the past two semesters and will receive his degree in August 1967.

2. Throughout his career Mr. Flores has shown himself to be a strongly motivated employee, willing and capable. The calibre of his performance has been consistently good and he has shown steady improvement as he acquired the skills and knowledge of intelligence business. He is reliable and conscientious and we have good reason to expect that he will develop into a very competent operations officer. He will apply for the CT program in September and his application will be wholeheartedly supported by WH/COG.

3. In WH/COG Mr. Flores has served as an Intelligence Assistant in support of CI operations. In addition he has assisted in the training of agents in  communications. Mr. Flores is bi-lingual - Spanish and English - and is adept as an operational Translator-Interpreter.

4. Mr. Flores was promoted to GS-05 on 16 March 1964. He has been performing duties at GS-06 level for the past two years and it is sincerely recommended that he be promoted promptly to GS-06.

*William V. Broo*  
**William V. Broo**  
Chief  
Western Hemisphere Division

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18 Nov 1964

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 14 Sep 66	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLOREN DANTEL									
3. NATURE OF PERSONNEL ACTION "CHANGE PERSON"					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08/19/66			5. CATEGORY OF EMPLOYMENT PART TIME			
6. FUNDS X		V TO V		V TO CF		7. COST CENTER NO. CHARGE ARE 7235 1162		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS TOP/WH WH/C INTELLIGENCE BRANCH OPERATIONAL SUPPORT SECTION					10. LOCATION OF OFFICIAL STATION WASH., D.C.						
11. POSITION TITLE INTELLIGENCE CLERK					12. POSITION NUMBER 1176			13. CAREER SERVICE DESIGNATION d			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) 33			15. OCCUPATIONAL SERIES 0301.27		16. GRADE AND STEP 05 4		17. SALARY OR RATE \$ 5859.				
18. REMARKS  From: WH/C.Intel Br., R & R Sec.DC # 1104											
19A. SIGNATURE OF REQUESTING OFFICIAL Robert H. Gashann, GAT/Per				DATE SIGNED 14 Sep 66		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Kelia T. ...				DATE SIGNED 11/14/66	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37 80		20. EMPLOY CODE		21. OFFICE CODING NUMERIC ALPHABETIC 54500 WH		22. STATION CODE 25213		23. INTEGER CODE		24. MOBILE CODE	
25. DATE OF BIRTH MO DA YR 08/04/35		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR		28. DATE OF BIRTH MO DA YR		29. DATE OF GRADE MO DA YR		30. DATE OF LEI MO DA YR	
31. RETIREMENT DATA 1-CR 2-FCR 3-BOB		32. SEPARATION DATA CODE		33. CORRECTION CANCELLATION DATA TYPE MO DA YR		34. SECURITY REQ NO		35. SEC		36. SEC	
37. VET PREFERENCE CODE 1-10 1-10 2-10 3-10		38. SERV COMP DATE MO DA YR		39. LONG COMP DATE MO DA YR		40. CAREER CATEGORY CODE 1-10 1-10 2-10 3-10		41. LEGAL HEALTH INSURANCE CODE 1-10 1-10 2-10 3-10		42. SOCIAL SECURITY NO	
43. PREVIOUS GOVERNMENT SERVICE DATA CODE 1-10 1-10 2-10 3-10				44. LEAVE ENT CODE		45. FEDERAL TAX DATA CODE 1-10 1-10 2-10 3-10		46. STATE TAX DATA CODE 1-10 1-10 2-10 3-10		47. STATE CODE	
48. POSITION CONTROL CERTIFICATION 09-19-66A						49. APPROVAL M. ...			50. DATE APPROVED		

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(When Filled In)

9 September 1966

MEMORANDUM FOR: Mr. Daniel Flores

THROUGH : Head of CS Career Service

SUBJECT : Notification of Non-eligibility for Designation as a  
Participant in the CIA Retirement and Disability System

1. As you may know, we are in the process of reviewing the employment history and current career field of all employees in the Agency to identify those who are eligible for designation as a participant in the new CIA Retirement and Disability System. In this process, the initial review of each case is made by the individual's Career Service. If the Head of his Career Service nominates him for participation in the System, this nomination is reviewed by the CIA Retirement Board which recommends final action to me. However, if the Head of the Career Service advises that the employee does not meet the basic requirements of HR 20-50 for participation, I have accepted this finding without further review by the CIA Retirement Board. This practice has been adopted in the interest of expediting this screening process so that those employees who are eligible to participate in the System may be designated participants as soon as possible.

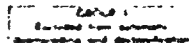
2. In your case, the Head of your Career Service has advised me that you do not meet the requirements of HR 20-50 for designation as a participant and I have accordingly made the formal determination required by the regulation that you are not eligible for designation. This in no way affects your current status under the Civil Service Retirement System, nor does it preclude reconsideration of your eligibility to participate in the CIA System if you should meet the requirements for designation in the future.

3. Should you desire further information concerning the requirements for designation as a participant in the CIA Retirement System, I suggest that you read paragraph e of HR 20-50 and paragraph 5 of the Employee Bulletin dated 30 July 1965, entitled "Public Law 88-643, The Central Intelligence Agency Retirement Act of 1964 for Certain Employees."

4. It is always possible that the records upon which the determination made in your case may have been incomplete or inaccurate regarding your actual employment history with the Agency. If, after studying the materials cited above, you have questions regarding the determination that you are not eligible to participate in the CIA Retirement System, please feel free to contact officials of your Career Service. They are familiar with the details of your case and will gladly discuss them with you. In addition, you may wish to discuss your case with the CIA Retirement Staff located in Room 205, Magazine Building (extension 2847). If such discussions do not resolve any questions you have regarding your eligibility, you may request that your case be formally considered by the CIA Retirement Board. However, this request must be made within 30 days of the date of this memorandum.

  
Emmett D. Echols  
Director of Personnel

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**SECRET****CENTRAL INTELLIGENCE AGENCY**  
WASHINGTON, D.C. 20505**17 JAN 1966****Claimant: Daniel Flores**  
**File No.: 7000438**

Mr. Wilfred J. Harren  
Chief of Section  
Division of Claims Services  
Bureau of Employees' Compensation  
Washington, D. C. 20211

Dear Mr. Harren:

Reference is made to Subject's claim for benefits of the  
Federal Employees' Compensation Act.

Enclosed is additional information submitted by claimant.

If we may be of further assistance in this matter, please  
so advise.

Very truly yours,

/s/ B. DeFelice

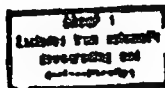
B. DeFelice  
Office of Personnel

Enclosures:

As stated

Distribution:

O-addressee, 1-D/Pers, 1-BCB  
OP/BSDB/BCB/KLowden:slh(14 January 1966)

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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 036130				2. NAME (Last-First-Middle) HARRIS, Daniel	
3. NATURE OF PERSONNEL ACTION TRANSFERRANT			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 1 1965		5. CATEGORY OF EMPLOYMENT Part Time
6. FUNDS	X	V TO V	V TO CF	7. COST CENTER NO. CHARGE ABLE 6235-1162	8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DEP/WH WH/C Intelligence Branch Reports and Requirements Section			10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE TITEL. <i>Spice</i> COTERK (1)			12. POSITION NUMBER 1184	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LH, etc.) GS (06)		15. OCCUPATIONAL SERIES 0301.27	16. GRADE AND STEP 05 (3)	17. SALARY OR RATE \$ 5330	
18. REMARKS From: DEP/WH/CI St., #1130, D.C.					
18a. SIGNATURE OF REQUESTING OFFICIAL <i>Robert D. Gifford, CAPT/WH</i>			DATE SIGNED 13 Aug 65	18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>K. G. 27, [Signature]</i>	
DATE SIGNED 8/20/65					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 37	20. EMPLOY CODE 20	21. OFFICE CODING NUMERIC ALPHABETIC 51501 V/H	22. STATION CODE 75815	23. INTEGREE CODE	24. HQ/RTS CODE 1 02 04 135
25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR	28. DATE OF LEI MO DA YR		
29. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 2-FER 3-NONE	31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA TYPE MO DA YR	33. SECURITY REG NO
35. NET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CODE 0-NONE 1-5 PT 2-10 PT	39. FEGLI HEALTH INSURANCE CODE 0-NONE 1-YES	40. SOCIAL SECURITY NO
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NO DELAY IN SERVICE 2-DELAY IN SERVICE (LESS THAN 3 YEARS) 3-DELAY IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE	43. FEDERAL TAX DATA CODE 0-NONE 1-YES 2-NO		44. STATE TAX DATA CODE 0-NONE 1-YES 2-NO
45. POSITION CONTROL CERTIFICATION 9-10-65 W/L			46. O.P. APPROVAL <i>K. G. 27, [Signature]</i>		DATE APPROVED 8/20/65

Recorded by  
CSPD  
*[Signature]*

EOD DATA

FORM 1152 USE PREVIOUS EDITIONS

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GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

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(10 Item Deleted Item)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>15 January 1965</b>	
1 SERIAL NUMBER <b>036130</b>		2 NAME (Last-First-Middle) <b>FLORES, Daniel</b>					
3 NATURE OF PERSONNEL ACTION <b>PAY ADJUSTMENT (TO PART TIME)</b> <b>FROM FULL TIME</b>				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>02 08 65</b>		5 CATEGORY OF EMPLOYMENT <b>CASUAL (PART TIME)</b>	
6 FUNDS <b>X V TO V</b> <b>CF TO V</b>		7 COST CENTER NO CHARGE-ACT <b>5235-1162</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS <b>DPP</b> <b>Special Affairs Staff</b> <b>Counter-Intelligence Staff</b> <b>Operations Section</b>				10 LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>			
11 POSITION TITLE <b>INTELLIGENCE ASST. (D)</b>				12 POSITION NUMBER <b>1130</b>		13 CAREER SERVICE DESIGNATION <b>D</b>	
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) <b>GS (35)</b>		15 OCCUPATIONAL SERIES <b>0301.28</b>		16 GRADE AND STEP <b>05 (2)</b>		17 SALARY OR RATE <b>, 5165</b>	
18 REMARKS <b>* Subject to work on regularly scheduled tour not to exceed 19 hours per week.</b> <b>* Subject will be working Monday through Friday, from 1400 to 1700.</b>							
<div style="text-align: center;">Recorded by CSPD <i>[Signature]</i></div>							
19A SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i> <b>ROBERT D. CASHMAN, C/WH/Pers.</b>		DATE SIGNED <b>12/2/65</b>		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>		DATE SIGNED <b>12/2/65</b>	
<b>SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</b>							
19 ACTION CODE <b>28</b>		20 EMPLOY CODE <b>36</b>		21 OFFICE CODING NUMERIC ALPHABETIC <b>47166 548</b>		22 STATION CODE <b>75013</b>	
23 INTIGREE CODE		24 HOURS CODE <b>1</b>		25 DATE OF BIRTH MO. DA. YR. <b>03 01 13</b>		26 DATE OF GRADE MO. DA. YR. <b>03 16 64</b>	
27 DATE OF LEI MO. DA. YR.		28 WFE EXPENSE MO. DA. YR.		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-CSC 2-FICA 3-NONE	
31 SEPARATION DATA CODE		32 CORRECTION, CANCELLATION DATA TYPE MO. DA. YR.		33 SECURITY REQ NO		34 SEX	
35 VET PREFERENCE CODE 0-NONE 1-1 PT 2-10 PT		36 SERV COMP DATE MO. DA. YR.		37 LONG COMP DATE MO. DA. YR.		38 CAREER CATEGORY CAR DES PRO IAMP CODE	
39 FEDERAL HEALTH INSURANCE CODE CODE 0-NONE 1-YES		40 SOCIAL SECURITY NO		41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NONE IN SERVICE 2-ONLINE IN SERVICE (LESS THAN 3 YEARS) 3-ONLINE IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE	
43 FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		45 POSITION CONTROL CERTIFICATION <i>[Signature]</i> <b>21 Kearney 02/05/65</b>		46 OFF APPROVAL <i>[Signature]</i>	
47 DATE APPROVED							

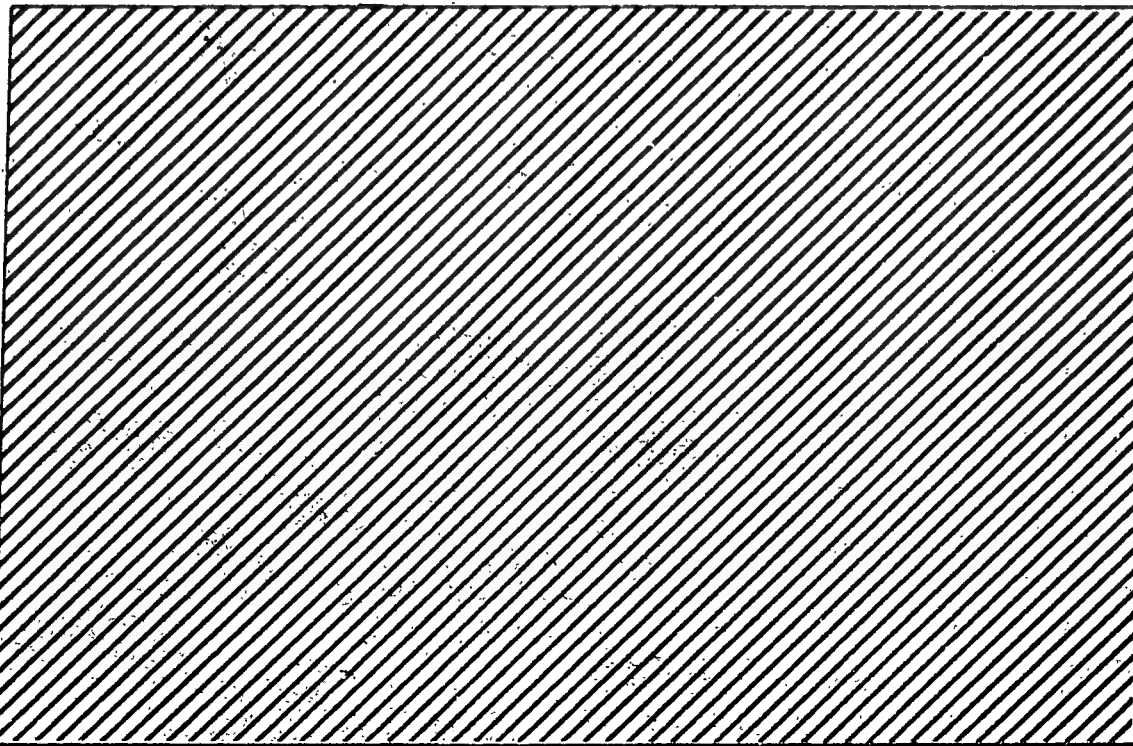
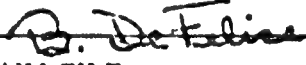
1152 USE PREVIOUS EDITIONS

**SECRET**

CONFIDENTIAL

SECRET

(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Floran, Daniel	Self	63-514
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>3 September 1964</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BGD REPRESENTATIVE	
12 JUN 1965		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		



6 January 1965

MEMORANDUM FOR: Chief, CSPO

SUBJECT : Conversion to Part-Time Staff Employment  
Mr. Daniel Flores

1. Mr. Daniel Flores is an Intelligence Assistant, GS-07, assigned to the CI Staff of WH/SA. He is currently pursuing a program of studies in Government at the American University with special concentration on Latin American Affairs. To complete the major portion of his remaining requirements for the bachelor's degree, he is planning to attend the University full-time for a year. Any requirements still outstanding at the end of that period would be completed at night.

2. The employee's duties in the CI Staff involves the translation of [ ] messages received from and sent to [ ] assisting in the training of [ ] in [ ] and communications procedures, and miscellaneous support functions in the CI Branch. He has proved invaluable because he has native fluency in every-day Spanish and is familiar with [ ] and communication techniques, problems, and training procedures. In addition to Mr. Flores' utility for such cases as may arise in the future, he is personally acquainted with [ ] of the [ ] now in place [ ] and with the numerous problems which constantly arise in their handling.

3. In view of the need for Mr. Flores' services, the Chief, CI Staff, has asked the employee if he would be willing to continue in his present capacity on a part-time basis. The employee has indicated that he would accept such an arrangement. It is accordingly requested that WH/SA be permitted to convert him from a full-time staff employee to one employed on a part-time, regular tour of duty basis. Subject would be utilized for a total of 18 hours per week, the maximum time that his school program will permit him to devote to Agency duties.

  
Robert D. Cashman  
C/WH/Personnel

SECRET

(When Filled In)

## REQUEST FOR PERSONNEL ACTION

DATE PREPARED

22 July 1964

1 SERIAL NUMBER <b>036130</b>		2 NAME (Last-First-Middle) <b>FLORES, Daniel</b>	
3 NATURE OF PERSONNEL ACTION <b>Reassignment</b>		4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>28 1 65</b>	
5 CATEGORY OF EMPLOYMENT <b>Regular</b>		6 FUNDS X V TO V CF TO V	
7 COST CENTER NO. CHARGE ABLE <b>5235-1162</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL ASSIGNATIONS <b>DDP SAS Counter-Intell Staff Operations Section</b>		10 LOCATION OF OFFICIAL STATION <b>Wash., D.C.</b>	
11 POSITION TITLE <b>Intelligence Asst</b>		12 POSITION NUMBER <b>1130</b>	
13 CAREER SERVICE DESIGNATION <b>D</b>		14 CLASSIFICATION OF SERVICE (GS, E, etc.) <b>GS</b>	
15 OCCUPATIONAL SERIES <b>0301.28</b>		16 GRADE AND STEP <b>05 (2)</b>	
17 SALARY OR RATE <b>\$ 4850</b>		18 REMARKS <b>From: SAS No. 0922 trans 37F</b>	
19A SIGNATURE OF REQUESTING OFFICER <i>Robert D. Cashman</i>		DATE SIGNED <b>27 Jul 64</b>	
19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>William Graham</i>		DATE SIGNED <b>31 July 1964</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE <b>37</b>	20 EMPLOY CODE <b>1</b>	21 OFFICE CODING NUMERIC ALPHABETIC <b>49150 525 74013</b>	22 STATION CODE <b>1</b>
23 INTEGRATE CODE <b>1</b>	24 HOURS CODE <b>1</b>	25 DATE OF BIRTH MO DA YR <b>28 1 65</b>	26 DATE OF GRACE MO DA YR
27 DATE OF LIT MO DA YR	28 SECURITY MO DA YR	29 SOCIAL SECURITY NO.	30 SPECIAL REFERENCE 1-CM 2-FRE 3-BOB
31 SEPARATION DATA CODE	32 CORRECTION LABELLING DATA TYPE MO DA YR	33 EOD DATA	34
35 VET PREFERENCE CODE 0 0000 1-1 PT 2-1 PT	36 SALT COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CODE 0000 1-00 2-00
39 HEALTH INSURANCE CODE 0000 1-00 2-00	40 SOCIAL SECURITY NO.	41 PREVIOUS ASSIGNMENT SERVICE DATA CODE 0 0000 1-00 2-00	42 LEAVE CAT CODE 0 0000 1-00 2-00
43 POSITION (Previous Location)	44 DATE APPROVED <i>William Graham</i>	45 DATE APPROVED <i>31 July 1964</i>	

Recorded by  
CSPD

SECRET

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>13 January 1964</b>	
1. SERIAL NUMBER <b>036130</b> ✓		2. NAME (Last-First-Middle) <b>FLORES, Daniel</b> ✓			
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>			4. EFFECTIVE DATE <b>12/1/64</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS X V TO V CF TO V			7. COST CENTER NO. CHARGEABLE <b>4232-1000-1000</b> ✓		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS <b>DDP Special Affairs Staff Research Branch Reports, Records, Translation Section</b>			10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>		
11. POSITION TITLE <b>TRANSLATOR</b>		12. POSITION NUMBER <b>0702</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>1015.01</b>		17. SALARY OR RATE <b>4,850</b> ✓	
16. REMARKS <b>Promotion recommendation attached; Fitness Report submitted previously.</b>					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Recorded by CSPD <i>Sh</i> </div>					
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Orville C. Dawson</i> <b>ORVILLE C. DAWSON, C/SAS/Pers.</b>			DATE SIGNED <b>12/1/64</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Norman Graham</i>
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE <b>22 10</b>	20. OFFICE CODE <b>49350 SAS 75013</b>	21. OFFICE CODE <b>1</b>	22. DATE OF BIRTH <b>12/1/35</b>	23. DATE OF BIRTH <b>12/1/35</b>	24. DATE OF BIRTH <b>12/1/35</b>
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313. DATE OF BIRTH <b>12/1/35</b>		314. DATE OF BIRTH <b>12/1/35</b>		315. DATE OF BIRTH <b>12/1/35</b>	
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19 December 1963

**MEMORANDUM FOR:** Clandestine Services,  
Career Services Panel

**SUBJECT :** Mr. Daniel Flores -  
Recommendation for Promotion

1. Mr. Flores has been with the Agency for about eighteen (18) months and has been a member of SAS since June 1963. During the six (6) months he has been with SAS he has demonstrated intelligence and initiative. In addition to his fulfilling his primary responsibility as a translator, he quickly picked up the knowledge and experience necessary for an Intelligence Assistant in the Operations Support Section. His duties and responsibilities accordingly have been broadened. He has demonstrated ability to function independently as a member of the Operations Support Staff. He is cooperative and has maintained a cheerful disposition under pressure and through many late hours and weekends of duty.

2. In view of his excellent performance in SAS, his intelligence and ability, and his growth potential for a career in CIA, I strongly recommend that he be promoted to GS-5 as soon as possible.

  
JOHN K. KING  
Chief, SAS/Intel

**APPROVAL RECOMMENDED**

**DESMOND FITZGERALD**  
Chief, Special Affairs Staff

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>23 April 1963</b>	
1. SERIAL NUMBER <b>036130</b>		2. NAME (Last-First-Middle) <b>FLORES, Daniel</b>			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>05</b> DAY <b>1</b> YEAR <b>63</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <b>I</b> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF <input type="checkbox"/>		7. COST CENTER NO. CHARGEABLE <b>3232-1000-1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP Special Affairs Staff Research Branch Reports, Records, Translation Section</b>			10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>		
11. POSITION TITLE <b>TRANSLATOR</b>			12. POSITION NUMBER <b>0702</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LD, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0031.01</b>		16. GRADE AND STEP <b>04 (2)</b>	
17. SALARY OR RATE <b>\$ 4250</b>					
18. REMARKS <b>From: DDP/OPSER/RID, Ref. Br. #0147, DC Tray 9</b> <b>CONCURRENCE: <u>John W. Hughesmith</u> Chief of Admin. OPSERV/RID</b>					
Recorded by CSFD 					
<div style="display: flex; justify-content: space-between;"> <div> <p><b>4/24/63</b></p> <p><b>1 of Security</b></p> </div> <div> <p><b>SC/US</b></p> </div> </div>					
19. SIGNATURE OF REQUESTING OFFICIAL <b>Louis W. Armstrong</b>		DATE SIGNED <b>24 April 63</b>		100. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>William Graham</b>	
LOUIS W. ARMSTRONG, C/SAS/Perf.				DATE SIGNED <b>1 May 63</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ACTION CODE <b>37</b>	22. EMPLOY CODE <b>10</b>	23. OFFICE CODE NUMERIC <b>61350</b> ALPHABETIC <b>SAS</b>	24. STATION CODE <b>75013</b>	25. DATE OF ACTION <b>05/04/63</b>	26. DATE OF ACTION <b>05/04/63</b>
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330. DATE OF ACTION <b>05/04/63</b>		331. DATE OF ACTION <b>05/04/63</b>		332. DATE OF ACTION <b>05/04/63</b>	
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336. DATE OF ACTION <b>05/04/63</b>		337. DATE OF ACTION <b>05/04/63</b>		338. DATE OF ACTION <b>05/04/63</b>	
339. DATE OF ACTION <b>05/04/63</b>		340. DATE OF ACTION <b>05/04/63</b>		341. DATE OF ACTION <b>05/04/63</b>	
342. DATE OF ACTION <b>05/04/63</b>		343. DATE OF ACTION <b>05/04/63</b>		344. DATE OF ACTION <b>05/04/63</b>	
345. DATE OF ACTION <b>05/04/63</b>		346. DATE OF ACTION <b>05/04/63</b>		347. DATE OF ACTION <b>05/04/63</b>	
348. DATE OF ACTION <b>05/04/63</b>		349. DATE OF ACTION <b>05/04/63</b>		350. DATE OF ACTION <b>05/04/63</b>	
351. DATE OF ACTION <b>05/04/63</b>		352. DATE OF ACTION <b>05/04/63</b>		353. DATE OF ACTION <b>05/04/63</b>	
354. DATE OF ACTION <b>05/04/63</b>		355. DATE OF ACTION <b>05/04/63</b>		356. DATE OF ACTION <b>05/04/63</b>	
357. DATE OF ACTION <b>05/04/63</b>		358. DATE OF ACTION <b>05/04/63</b>		359. DATE OF ACTION <b>05/04/63</b>	
360. DATE OF ACTION <b>05/04/63</b>		361. DATE OF ACTION <b>05/04/63</b>		362. DATE OF ACTION <b>05/04/63</b>	
363. DATE OF ACTION <b>05/04/63</b>		364. DATE OF ACTION <b>05/04/63</b>		365. DATE OF ACTION <b>05/04/63</b>	
366. DATE OF ACTION <b>05/04/63</b>		367. DATE OF ACTION <b>05/04/63</b>		368. DATE OF ACTION <b>05/04/63</b>	
369. DATE OF ACTION <b>05/04/63</b>		370. DATE OF ACTION <b>05/04/63</b>		371. DATE OF ACTION <b>05/04/63</b>	

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 25 September 1961	
1. SERIAL NUMBER  15810		2. NAME (Last-First-Middle)  FLORES Daniel					
3. NATURE OF PERSONNEL ACTION  Excepted Appointment				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 03 11 62		5. CATEGORY OF EMPLOYMENT  Regular	
6. FUNDS  X V TO V CP TO V		V TO CP CP TO CP		7. COST CENTER NO. CHARGEABLE  2226 1200 1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS  DDP OPSER R I DIV Reference Branch Index Section - Night Shift				10. LOCATION OF OFFICIAL STATION  Wash., D. C.			
11. POSITION TITLE  File Clerk				12. POSITION NUMBER  0147		13. CAREER SERVICE DESIGNATION  D	
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)  GS		15. OCCUPATIONAL SERIES  0305.01		16. GRADE AND STEP  04 1		17. SALARY OR RATE  4040	
18. REMARKS  Regular tour of duty 3:30 PM to 12:00 PM daily/  Subject to trial period and without  Approved by COLD							
19. SIGNATURE OF REQUESTING OFFICIAL  John M. Wigglesworth, Chief, RID/ADM.				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER  James W. Washburn			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE  11 10		22. OFFICE CODING NUMERIC ALPHABETIC 39400 RI		23. STATUS CODE  1		24. DATE OF BIRTH MO DA YR 03 11 62	
25. DATE EMP RES MO DA YR 03 11 62		26. SPECIFIC REFERENCE 1 - CST 2 - FICA 3 - NEW		27. SEPARATION DATA CODE  1		28. CORRECTION/CANCELLATION DATA TYPE MO DA YR FOD DATA → 07100 MI	
29. NET PREFERENCE CODE 1 = none 2 = 1st 3 = 2nd 03 11 62		30. SER. COMP. DATE MO DA YR 03 11 62		31. SER. COMP. DATE MO DA YR 03 11 62		32. SOCIAL SECURITY NO.  460-46-6230	
33. PREVIOUS EMPLOYMENT DATA FROM TO REASON 0 0 0		34. FROM TO REASON 0 0 0		35. FROM TO REASON 0 0 0		36. FROM TO REASON 0 0 0	
37. POSTION CONTROL CERTIFICATION				38. O.P. APPROVAL  James W. Washburn			

14 February 1962

Mr. Daniel Flores  
Apartment 203  
2828 Connecticut Avenue, N. W.  
Washington 8, D. C.

Dear Mr. Flores:

We are pleased to inform you that your appointment with this Agency has been approved at Grade GS-4, salary \$4040.00 per annum, as Clerk.

Your permanent employment will depend upon the completion of the following processing at the time of entering on duty: taking the oath of office, signing a loyalty affidavit, participating in a final security interview. Should anything of an unfavorable nature arise during this period, your employment will not result in a permanent appointment.

We hope you will be able to join us at an early date. Please dial 351-2781 and ask for Mrs. Shirley Wells, as soon as possible, in order to arrange an entrance-on-duty date. We would appreciate your selecting a Monday.

Please report to the Receptionist at 1016 - 16th Street, N. W., Room 201 at 8:15 a.m. and ask for Mrs. Wells on the reporting for duty date that you establish with this office. This address is located on 16th Street between K and L Streets opposite Hotel Statler.

Your gross earnings will be subject to deductions for Federal income tax and 6 1/2 percent for the United States Civil Service Retirement Fund. In addition, the benefits of low-cost group life insurance, which will be discussed with you at the time of your entrance on duty, are available to Federal civilian employees. This insurance is not obligatory. However, if you do not wish coverage, which is automatic, you should sign a Waiver of Life Insurance Coverage form at the time you enter on duty.

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You will not receive a pay check for approximately four weeks after your entrance on duty.

If you have any problems, Mrs. Wells will be glad to discuss them with you when you call.

Very truly yours,

E. D. Echols  
Director of Personnel

OP/Corres/mjt  
File sent to: Shirley Wells



26 January 1962

Mr. Daniel Flores  
Apartment 203  
2828 Connecticut Avenue, N. W.  
Washington 8, D. C.

Dear Mr. Flores:

Processing of your application for employment with this Agency is continuing. Please advise us if any circumstance should arise which might affect your interest in a position with us.

Your continued interest and patience are appreciated.

Very truly yours,

E. D. Echols  
Director of Personnel

OP/Corres/sjm  
File sent to: Wells

20 October 1961

Mr. Daniel Flores  
Apartment 203  
2828 Connecticut Avenue, N. W.  
Washington 8, D. C.

Dear Mr. Flores:

In connection with your application with this Agency, it will be necessary for you to come to our Medical Office in Central Building, 2430 E Street, N. W., for a pre-employment medical examination which will include determination of physical health and emotional stability.

An appointment may be scheduled by dialing 351-2781 and asking for Mrs. Shirley Wells.

Very truly yours,

E. D. Echols  
Director of Personnel

OP/Corres/cas  
file sent to shirley wells

12 October 1961

Mr. Daniel Flores  
Apartment 203  
2828 Connecticut Avenue, N. W.  
Washington 8, D. C.

Dear Mr. Flores:

Your application for employment with this Agency has been reviewed with interest and the processing of your case has been initiated for a full-time position on the 3:30 p.m. to 12:00 p.m. shift at Grade GS-4, salary \$4040.00 per annum, plus a ten percent night differential for the hours from 6:00 p.m. to 12:00 p.m., as Clerk.

Your final appointment is dependent upon a number of factors including character and reference investigations, and other processing procedures which may require as long as 120 days. You may be sure that this processing is being accomplished as rapidly as possible.

During this period please notify us of any changes in your present status such as change in address, employment, marital status, etc. If you cannot accept the position or if you have any questions concerning your application, you should write to Mrs. Shirley Wells.

Members of this Agency are entitled to the regular United States Government leave and retirement benefits. Our salaries conform to the rates prescribed by Congress for United States Government agencies.

Thank you for your cooperation and patience during this waiting period.

Very truly yours,

A. D. Echols  
Director of Personnel

OP/Corres/car  
file sent to shirley wells

**SECRET**  
(When Filled In)

REQUEST FOR SECURITY CLEARANCE				REQUEST NO. (1-51) <b>07:00</b>	
NAME (LAST - FIRST - MIDDLE) <b>FLORES, DANIEL</b>				REQUEST DATE (10-11) <b>6 October 1961</b>	
POSITION TITLE <b>FILE CLERK</b>				POSITION NUMBER (31 - 33) <b>0117</b>	OCCUP. CODE (37 - 43) <b>0305.01</b>
LOCATION (CITY, STATE, COUNTRY) <b>WASHINGTON, D. C.</b>				ASSIGNMENT (OFFICE, DIVISION, BRANCH) <b>DDP/OPSER</b>	
TYPE OF APPLICANT <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> CONTRACT <input type="checkbox"/> MILITARY				CONVERSION ACTION <input type="checkbox"/> IF OTHER, SPECIFY:	
NAME OF REQUESTER (OR OFFICIAL)				TYPE OF ASSIGNMENT AND FUND <input checked="" type="checkbox"/> HOS <input type="checkbox"/> USF <input type="checkbox"/> PF <input checked="" type="checkbox"/> V <input type="checkbox"/> UV	
CLEARANCE REQUIRED <input type="checkbox"/> PROVISIONAL FOR (INDICATE NAME OF POOL OR GROUP)				<input checked="" type="checkbox"/> SECRET <input type="checkbox"/> FULL	
ATTACHMENTS <input checked="" type="checkbox"/> PERSONAL HISTORY STATEMENT <input checked="" type="checkbox"/> PHOTOGRAPHIC		<input checked="" type="checkbox"/> APPENDIX I <input type="checkbox"/> APPENDIX II		REQUEST FOR WAIVER <input checked="" type="checkbox"/> REPORT OF INTERVIEW	
VETERANS STATUS <input checked="" type="checkbox"/> MALE - VETERAN <input type="checkbox"/> MALE - NON-VETERAN		<input type="checkbox"/> FEMALE - VETERAN <input type="checkbox"/> FEMALE - NON-VETERAN		RECRUIT CODE (52-54) <b>105</b>	
				VET PREP. & SER (55) <b>3</b>	

**PULL REQUESTED 6 October 1961**

**Regular tour of duty 3:30 PM to 12:00 PM daily.**

**1 - SO  
1 - OTR**

**SPACE BELOW FOR OS USE ONLY**

**1808 377**

**SECRET**

(9)

15 September 1961

Mr. Daniel Flores  
Apartment 203  
2828 Connecticut Avenue, N. W.  
Washington 8, D. C.

Dear Mr. Flores:

Appropriate members of our staff are reviewing your application for employment to determine whether we have a position available for a person of your qualifications. Although we cannot predict the length of time needed for this review, every effort will be made to reach an early decision. We will keep you as fully informed as possible regarding the status of your case.

Very truly yours,

E. D. Echols  
Director of Personnel

OP/Corres-bt  
file sent to Mr. Washam

**CONFIDENTIAL**  
(When Filled In)

<b>REPORT OF INTERVIEW</b>		<b>DATE OF INTERVIEW</b> 21 August 1961	<b>SOURCE</b> gen info
<b>CANDIDATE (Last, First, Middle)</b> Flores, Daniel		<b>PLACE OF BIRTH</b> San Marcos, Texas	<b>DATE OF BIRTH</b> 4 August 1935
<b>TEMPORARY ADDRESS</b>		<b>PHONE</b>	
<b>PERMANENT ADDRESS</b> 2828 Connecticut Avenue, N.W., Apt. 203, Washington, D.C.		<b>PHONE</b> 265-8322	
<b>BUSINESS ADDRESS</b>		<b>PHONE</b>	
<b>PLACE OF INTERVIEW</b> 15th St		<b>DATE AVAILABLE</b> Immediately on clearance	
<b>RECM (Office, serial)</b> RI clerk 3:30-midnight		<b>GS-</b> 4	<b>TESTS</b> SET
<p align="right">19-32-33-84</p> <p>Mr. Flores had just been recently released from active duty with the USMC when he came in for interview. He has served two tours which included Security guard Embassy duty in Peru and Bolivia. His wife was formerly stationed at the Embassy with Dept. of State. He appears to be a mature young man, clean cut, neat appearance, dark complexion and coloring. He is planning to continue his college education at C.U. and is available to work the 3:30 - midnight RI shift. A clerical position at the GS-4 level was discussed in the interview. His wife is a secretary with a law firm in town; they have no children.</p> <p><b>ANEX</b></p> <p>Mr. Flores is in excellent health and had a very good record with the Marine Corps. Known of nothing in his background that would be unfavorable in event of reference check. At initial interview he stated that he had no foreign connections, however, after contacting his family in Texas it was determined that his step-mother was born in Mexico and although she came to the US in 1922, she has never become a US citizen.</p> <p>Full clearance.</p>			
<b>DATE SENT TO HQ:</b> 85 - 61		<b>INTERVIEWER:</b> Joy Cooney	

FORM 1-60 1667a

CONFIDENTIAL

16-00000

**CENTRAL INTELLIGENCE AGENCY**

WASHINGTON 25, D. C.

Applicant Information  
Sheet No. 1

To all persons applying for employment  
with the Central Intelligence Agency:

This paper is the first step in applying for employment or consultant status with the Central Intelligence Agency. No application may proceed beyond this first step if the applicant is not in agreement with the conditions stated below:

General Considerations:

1. The National Security Act of 26 July 1947 (Public Law 253, 80th Congress) which created the Central Intelligence Agency places upon the Agency the responsibility:
  - a. "to advise the National Security Council in matters concerning such intelligence activities of the Government departments and agencies as relate to the national security;
  - b. "to make recommendations to the National Security Council for the coordination of such intelligence activities of the departments and agencies of the Government as relate to the national security;
  - c. "to correlate and evaluate intelligence relating to the national security, and provide for the appropriate dissemination of such intelligence within the Government . . . ;
  - d. "to perform, for the benefit of the existing intelligence agencies, such additional services of common concern as the National Security Council determines can be more efficiently accomplished centrally;
  - e. "to perform such other functions and duties related to intelligence affecting the national security as the National Security Council may from time to time direct."

14-00000

The special character of this national responsibility requires the Agency to maintain correspondingly special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "clearance" of an applicant.

2. Investigation of an applicant may reveal something which prevents his clearance - perhaps something of which the applicant is genuinely unaware, perhaps something which only the special employment criteria of the Agency make unacceptable. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.

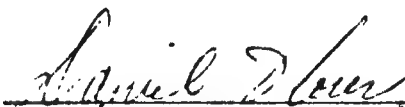
3. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. Offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not cleared.

Statement of Understanding  
and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.

SIGNED at Washington, D. C., this 10th day of September, 1961.

  
(Signature of Applicant)  
Daniel Flores



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REPRODUCTION MASTERS

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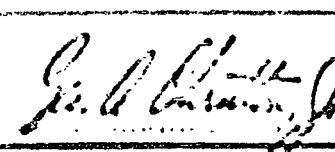
BIOGRAPHIC PROFILE

SECRET

H a n d l e   W i t h   C a r e



SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE	FILE NO.
				6 OCTOBER 75	15675
TO:	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP		SS NUMBER	
	<input checked="" type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER	036150
	<input checked="" type="checkbox"/>	CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: LA		ID CARD NUMBER	
REF. Form 1522 Dated 18 Aug 75				OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> CANCELLED
STATUS	<input checked="" type="checkbox"/>	STAFF	<input type="checkbox"/>	CONTRACT	
SUBJECT				UNIT	
BLOCKS					
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>					
ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)			CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)		
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>			EFFECTIVE DATE:		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TOY</u> OTHER (Specify)			SUBMIT FORM 3254 <u>W-2</u> TO BE ISSUED (HNB 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <u>3</u> (HNB 20-7)			SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <u>3</u> (HNB 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 3254 <u>W-2</u> TO BE ISSUED. (HNB 20-11)			<input type="checkbox"/> EAA CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>		
<input checked="" type="checkbox"/> SUBMIT FORM 1522 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)			RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
<input checked="" type="checkbox"/> SUBMIT FORM 1523 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)			SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD.		
<input checked="" type="checkbox"/> EAA CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY					
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>					
<div style="display: flex; justify-content: space-between;"> <div>           DISTRIBUTION            COPY 1 - TO            COPY 2 - OPERATIONAL COMPONENT            COPY 3 - AS            COPY 4 - DELIVER TO            COPY 5 - FILE         </div> <div style="text-align: center;">  </div> <div>           15675         </div> </div>					

FORM 1551 USE PREVIOUS EDITIONS

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 23 APRIL 1974	FILE NO. 15675
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	EMPLOYEE NUMBER 036130	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	ID CARD NUMBER	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH		
ATTN:	CHIEF SUPPORT STAFF	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	FORM 2458, DATED 16 JANUARY 1974		
SUBJECT	UNIT		
DAHIEL FLORES			
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
<input checked="" type="checkbox"/>	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE EOD	EFFECTIVE DATE:	
<input type="checkbox"/>	<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY OTHER (Specify)	SUBMIT FORM 142 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 4 (HNB 20-7)	
<input checked="" type="checkbox"/>	SUBMIT FORM 142 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 4 (HNB 20-7)	EAA: CATEGORY I CATEGORY II TO CCS	
<input checked="" type="checkbox"/>	SUBMIT FORM 375 (HNB 20-11)	IN THIS BLOCK	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 (HNB 240-20)	<b>THIS MEMO MUST REMAIN ON TOP OF FILE</b>	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HNB 240-20)		
<input checked="" type="checkbox"/>	EAA: CATEGORY I CATEGORY II <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	SUBMIT FORM 2088 FOR AGE HOSPITALIZATION CARD		
REMARKS AND COVER HISTORY			
<div style="display: flex; justify-content: space-between;"> <div>           1. 15675            2. 15675            3. 15675            4. 15675            5. 15675         </div> <div>           1. 15675            2. 15675            3. 15675            4. 15675            5. 15675         </div> </div>			

15675

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NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 27 November 1967	
TO: (CCM-1)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	FILE NUMBER 15675	
	<input checked="" type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 036130	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER 1567	
ATTN: Mr. [REDACTED]		OFFICIAL COVER	<input checked="" type="checkbox"/> BACKSTOP ESTABLISHED
REF: Verbal Request			<input type="checkbox"/> DISCONTINUED
SUBJECT <input checked="" type="checkbox"/> FLORES, Daniel (NMI)		UNIT [REDACTED]	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (opmeco 20-800-11)		<input type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (opmeco 20-800-11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____		DATE (as of COB)	
B. CONTINUING <del>AS OF COB</del> 3 Dec 67			
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	<input type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)
<input checked="" type="checkbox"/>	ASCERTAIN THAT [REDACTED] W-2 BEING ISSUED. (HR 20-661-1)	<input type="checkbox"/>	RETURN ALL OFFICIAL DOCUMENTATION TO CCS.
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR-240-2a)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR-240-2a)		
<input type="checkbox"/>	CONCUR IN ISSUANCE		
<input type="checkbox"/>	AGE HOSPITALIZATION CARD		
<input type="checkbox"/>	NACS HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY Nar 62 - Dec 62 Overt			
EDF/nch			
DISTRIBUTION: 1000 1 - POC 1000 2 - OPERATING COMPONENT 1000 3 - [REDACTED] 1000 4 - [REDACTED] 1000 5 - [REDACTED] 1000 6 - [REDACTED] 1000 7 - [REDACTED] 1000 8 - [REDACTED]		James H. [REDACTED]	

FORM 1551 1551 1551 1551 1551 1551 1551 1551 1551 1551

SECRET

THIS OFFICIAL COVER CONTROL TABLE

110-20-001

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L48 304 015

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12165 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 OCTOBER 1979

NAME	ID NUMBER	ORG.	SCH-GR-STEP	NEW SALARY
FLCRES DANIEL	0036130	LA	GS 13 3	\$31,333

5656

1. SERIAL NO	2. NAME	3. ORGANIZATION	4. PLANS	5. (WOP HOURS)
036130	DANIEL FLCRES	LA		
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION
Grade	Step	Salary	Effective Date	WGI OSI ADJ.
GS	13	\$31,333	01/07/80	
CERTIFICATION AND AUTHENTICATION				
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE				
SIGNATURE			DATE	
<input type="checkbox"/> NO EXCESS (WOP) <input type="checkbox"/> <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> <input type="checkbox"/> (WOP) STATUS AT END OF WAITING PERIOD <input type="checkbox"/>				
EMPLOYER'S INITIALS: <b>HEPFLCRES</b>				
FORM 1071 5601 PAY CHANGE NOTIFICATION				

UUL

05/01/80

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L48 304 015

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12067 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 08 OCTOBER 1978

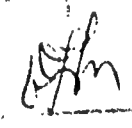
NAME	ID NUMBER	ORG.	SCH-GR-STEP	NEW SALARY
FLORES DANIEL	0036130	LA	GS 13 2	\$28,368

5678

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. TUNES		5. STEP HEARS	
0036130		FLORES DANIEL		91 620					
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Effective Date	Grade	Step	Salary	Effective Date	WIS	OSI
GS 13	2	\$28,368	01/29/78	GS 13	3	\$29,265	01/28/79		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE									
SIGNATURE: <i>William C. L. L. L. L. L.</i>							DATE: 1/29/78		
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> ON PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
APPROVED BY: <i>[Signature]</i>							DATE: <i>[Signature]</i>		
FORM 10-73 560F									
PAY CHANGE NOTIFICATION									

SEA 021078

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
036130		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						MO DA YR 02 11 78		REGULAR			
6. FUNDS		V TO V		V TO CF		7. TAN AND NSCA		8. USC OR OTHER LEGAL AUTHORITY			
CF TO V		CF TO CF				8035 0990 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDO/LA DIVISION FOREIGN FIELD MEXICO CITY, MEXICO STATION BRANCH						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPERATIONS OFFICER						GK76		DQG			
14. CLASSIFICATION SCHEDULE (GS, WP, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		13 2		26689			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTERAGENCY CODE	24. MIGRATION CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	10	NUMERIC 51620	ALPHABETIC LA	45075		3	MO DA YR 08 04 35	MO DA YR	MO DA YR	MO DA YR	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	
MO DA YR				CODE		TYPE		MO DA YR		34. SEX	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FECLT / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		LAR RESV CODE		CODE		HEALTH INS CODE	
0 NONE 1 5 PT 2 10 PT						28UV 2100		0 HANDED 1 YES 2 NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE				CODE		FORM EXECUTED				STATE CODE	
0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 YRS. 3 BREAK IN SERVICE MORE THAN 3 YRS.						1 YES 2 NO				CODE NO TAX EXEMPT STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">   1978 </div>											

FORM 1150  
5 Feb May 10 78Use Previous  
Edition

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"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12016 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

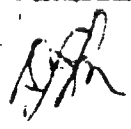
EFFECTIVE DATE OF PAY ADJUSTMENT: 09 OCTOBER 1977

NAME	ID NUMBER	ORG.	SCH-GR-STEP	NEW SALARY
FLCRES DANIEL	0036130	LA	GS 13 1	\$26,022
				5927

CPD: 7 APR 77

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 036130		2. NAME (LAST FIRST MIDDLE) FLORES DANIEL															
3. NATURE OF PERSONNEL ACTION REMOVAL FROM PARTICIPATION IN CIA RETIREMENT AND DISABILITY SYSTEM				4. EFFECTIVE DATE MO DA YR 04 10 77		5. CATEGORY OF EMPLOYMENT REGULAR											
6. FUNDS V TO V CF TO V		V TO CF X CF TO CF		7. TAN AND NSCA 7135 4534 0000		8. CSC OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203											
9. ORGANIZATIONAL DESIGNATIONS DDO/LA DIVISION				10. LOCATION OF OFFICIAL STATION WASH., D.C.													
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION DQG											
14. CLASSIFICATION SCHEDULE (U.S. L.B. OR)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP 13		17. SALARY OR RATE											
18. REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE		23. INTEGRAL CODE		24. HOURS CODE		25. DATE OF BIRTH MO DA YR		26. DATE OF GRADE MO DA YR		27. DATE OF LST MO DA YR	
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1. CSM 2. CIA 3. FICA 4. NONE		31. SEPARATION DATA CODE		32. CORRECTION / CONCILIATION DATA TYPE MO DA YR		33. SECURITY REQ NO		34. SEX					
35. VET PREFERENCE CODE 0 NONE 1 5 PT 2 10 PT		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CAS BPSV EPNVS DIMP		39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO							
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 YRS. 3 BREAK IN SERVICE LONGER THAN 3 YRS.				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EMPLOYED 1 YES 2 NO		44. STATE TAX DATA FORM EMPLOYED 1 YES 2 NO									
SIGNATURE OR OTHER AUTHENTICATION																	
																	

FORM 1130  
5-6 May 70Use Previous  
Edition

SECRET

REPRODUCTION BY OTHERS

PLF: 01 MAR 77

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
1 SERIAL NUMBER		2 NAME (LAST-FIRST MIDDLE)															
036130		FLORES DANIEL															
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT											
REASSIGNMENT				02 26 77		REGULAR											
6 FUNDS		V TO V		V TO CF		7 PAY AND NSCA		8 CSC OR OTHER LEGAL AUTHORITY									
CF TO V		X		CF TO CF		7135 4534 0000		50 USC 403 J									
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION											
DDO/LA DIVISION CUBA OPERATIONS GROUP EA AREA						WASH., D.C.											
11 POSITION TITLE						12 POSITION NUMBER		13 SERVICE DESIGNATION									
OPERATIONS OFFICER						F535		D2G									
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE										
GS			0136.01		13 1		24308										
18 REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE		23 INTEGRAL CODE		24 MONTHS CODE		25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI	
37		10		51500 LA		75013		1		08 04 35							
28 NTE EXPIRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 CORRECTION/CANCELLATION DATA		33 SECURITY REQ NO		34 SEX					
MO DA YR				1 CSC 2 C.A. 3 N.A. 4 NONE		CODE		TIME MO DA YR		MOD DATA YR							
35 VET PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 REGU / HEALTH INSURANCE		40 SOCIAL SECURITY NO							
CODE		MO DA YR		MO DA YR		LAW BSA CODE		CODE		0 WAIVER 1 YES		HEALTH INS CODE					
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA											
CODE		8 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 YRS 3 BREAK IN SERVICE MORE THAN 3 YRS		NOVEM EXEMPTED CODE 1 YES 2 NO		NO TAX EXEMPTIONS		NOVEM EXEMPTED 1 YES 2 NO		CLERK NO TAX EXEMPT		STATE CODE					
SIGNATURE OR OTHER AUTHENTICATION																	

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Edition

SECRET

83 IMPDET CL BY CR/10/1 10 01

AEO:1 FEB 77

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
036130		FLORES DANIEL							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION				01 30 77		REGULAR			
6. FUNDS		V TO V		V TO CF		7. PAY AND NSCA		8. CAC OR OTHER LEGAL AUTHORITY	
CF TO V		X		CF TO CF		7135 4534 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDO/LA DIVISION CUBA OPERATIONS GROUP WH AREA				WASH., D.C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPERATIONS OFFICER				CG66		D3G			
14. CLASSIFICATION (SCHEDULE GS OR WS)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0136.01		13 1		24300			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE	22. STATION CODE	23. INTEREST CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF DEATH	27. DATE OF IT	
22	10	51500	LA	75013		03 04 35	01 30 77	01 30 77	
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. SEPARATION DATA	31. SEPARATION DATA CODE	32. CORRECTION CODE	33. SOCIAL SECURITY NO.	34. DATA			
35. PAY PRINTING	36. PAY DATA	37. PAY DATA	38. PAY DATA	39. PAY DATA	40. PAY DATA	41. PAY DATA	42. PAY DATA	43. PAY DATA	44. PAY DATA
45. PAY DATA	46. PAY DATA	47. PAY DATA	48. PAY DATA	49. PAY DATA	50. PAY DATA	51. PAY DATA	52. PAY DATA	53. PAY DATA	54. PAY DATA
SIGNATURE OF OFFICE AUTHORITY									

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OCF	NOTIFICATION OF PERSONNEL ACTION																																																																																																																																										
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)																																																																																																																																									
036130		FLORES DANIEL																																																																																																																																									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT																																																																																																																																			
REASSIGNMENT						MM DA YR 12 04 76		REGULAR																																																																																																																																			
6. FUNDS		V TO V		V TO CF		7. SAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY																																																																																																																																			
CF TO V		X		CF TO CF		7135 4534 0000		50 USC 403 J																																																																																																																																			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION																																																																																																																																					
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11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION																																																																																																																																			
OPERATIONS OFFICER						CQ67		DQG																																																																																																																																			
14. CLASSIFICATION SYMBOLS (SEE 18. 19.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE																																																																																																																																			
GS				0136.01		12 4		22485																																																																																																																																			
18. REMARKS																																																																																																																																											
<p>SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</p> <table border="1"> <tr> <td colspan="2">19. ACTION CODE</td> <td colspan="2">20. OFFICE CODE</td> <td colspan="2">21. STATION CODE</td> <td colspan="2">22. INTEGRITY CODE</td> <td colspan="2">23. IMAGES CODE</td> <td colspan="2">24. DATE OF BIRTH</td> <td colspan="2">25. DATE OF GRADE</td> <td colspan="2">26. DATE OF LST</td> </tr> <tr> <td colspan="2">37 10</td> <td colspan="2">515001 LA</td> <td colspan="2">75013</td> <td colspan="2"></td> <td colspan="2">1</td> <td colspan="2">08 04 35</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">27. NTS EXP. DOC.</td> <td colspan="2">28. SPECIAL REFERENCE</td> <td colspan="2">29. RETIREMENT DATA</td> <td colspan="2">30. SEPARATION DATA CODE</td> <td colspan="2">31. CORRECTION / CANCELLATION DATA</td> <td colspan="2">32. SECURITY REL. NO.</td> <td colspan="2">33. SECURITY REL. NO.</td> <td colspan="2">34. SER.</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">BOD DATA</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">35. DATE OF BIRTH</td> <td colspan="2">36. DATE OF GRADE</td> <td colspan="2">37. DATE OF LST</td> <td colspan="2">38. CAREER CATEGORY</td> <td colspan="2">39. HEALTH INSURANCE</td> <td colspan="2">40. SOCIAL SECURITY NO.</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">75013</td> <td colspan="2">08 04 35</td> <td colspan="2"></td> <td colspan="2">CQ67</td> <td colspan="2">HEALTH INS. CODE</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="4">41. FEDERAL EMPLOYMENT SERVICE</td> <td colspan="2">42. LEAVE CAT. CODE</td> <td colspan="2">43. FEDERAL TAX DATA</td> <td colspan="2">44. STATE TAX DATA</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>												19. ACTION CODE		20. OFFICE CODE		21. STATION CODE		22. INTEGRITY CODE		23. IMAGES CODE		24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF LST		37 10		515001 LA		75013				1		08 04 35						27. NTS EXP. DOC.		28. SPECIAL REFERENCE		29. RETIREMENT DATA		30. SEPARATION DATA CODE		31. CORRECTION / CANCELLATION DATA		32. SECURITY REL. NO.		33. SECURITY REL. NO.		34. SER.												BOD DATA						35. DATE OF BIRTH		36. DATE OF GRADE		37. DATE OF LST		38. CAREER CATEGORY		39. HEALTH INSURANCE		40. SOCIAL SECURITY NO.						75013		08 04 35				CQ67		HEALTH INS. CODE								41. FEDERAL EMPLOYMENT SERVICE				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA																							
19. ACTION CODE		20. OFFICE CODE		21. STATION CODE		22. INTEGRITY CODE		23. IMAGES CODE		24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF LST																																																																																																																													
37 10		515001 LA		75013				1		08 04 35																																																																																																																																	
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75013		08 04 35				CQ67		HEALTH INS. CODE																																																																																																																																			
41. FEDERAL EMPLOYMENT SERVICE				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA																																																																																																																																			
SIGNATURE OR OTHER AUTHENTICATION																																																																																																																																											
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EFFECTIVE DATE OF PAY ADJUSTMENTS IS OCTOBER 1970

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020130 17 DEC 61 05 12 Z

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0010004

NRK: 19 JULY 76

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
33613		FLORES DANIEL							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT - CHANGE OF FUNCTIONAL CATEGORY				NO DA YR 20 21 76		REGULAR			
6. FUNDS		V TO V		V TO CF		7. TAN AND NSCA		8. CSE OR OTHER LEGAL AUTHORITY	
CF TO V		X		CF TO CF		T175 3012 1976		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDA/OTR FUNCTIONAL TRAINING DIVISION OPERATIONS TRAINING BRANCH				WASH., D.C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
INSTRUCTOR OPS				BD33		DQG			
14. CLASSIFICATION SCHEDULE NOS. (S, OR)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		1712.32		12 3		25078			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE	
37		12		175 J OTR		75 J 13		1	
24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF LET		27. SECURITY REQ NO.		28. SEX	
NO DA YR		NO DA YR		NO DA YR		NO DA YR		NO DA YR	
28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LET		31. SECURITY REQ NO.		32. SEX	
NO DA YR		NO DA YR		NO DA YR		NO DA YR		NO DA YR	
33. VET PREFERENCE		34. SERV COMP DATE		35. LONG COMP DATE		36. CATER CATEGORY		37. FEAT / HEALTH INSURANCE	
CODE		CODE		CODE		CODE		CODE	
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE		39. LEAVE CAT		40. FEDERAL TAX DATA		41. STATE TAX DATA		42. SOCIAL SECURITY NO	
CODE		CODE		CODE		CODE		CODE	
43. SIGNATURE OR OTHER AUTHENTICATION		44. SIGNATURE OR OTHER AUTHENTICATION		45. SIGNATURE OR OTHER AUTHENTICATION		46. SIGNATURE OR OTHER AUTHENTICATION		47. SIGNATURE OR OTHER AUTHENTICATION	
FROM: LA		FROM: LA		FROM: LA		FROM: LA		FROM: LA	

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FORM 1130 1 76 80 10 76

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"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11883 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 12 OCTOBER 1975

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	500	CF GS 12 2	\$20,032

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	500	CF GS 12 1	\$18,463



FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,  
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 31 MAY 1974.

FLORES DANIEL

036130

41351084

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS	
036130		FLORES DANIEL		51 500		CF			
6 OLD SALARY RATE				7 NEW SALARY RATE				8 TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 12	2	20032	11/24/74	GS 12	3	20678	11/23/75		
		19,076				19,693			
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE									
SIGNATURE							DATE		
<i>[Signature]</i>							11/23/75		
<input type="checkbox"/> NO EXCESS LWOP									
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD									
<input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS				BY					
[Initials]				<i>[Signature]</i>					
PAY CHANGE NOTIFICATION									

REF: 10 SEP 75

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER 13017		2 NAME (LAST FIRST MIDDLE) FLORES DANIEL									
3 NATURE OF PERSONNEL ACTION CONVERSION FROM <input type="checkbox"/> STATUS						4 EFFECTIVE DATE MO DA YR 09 14 75		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS		V TO V		V TO CF		7. FAN AND NSCA 6155 1574		8 CSC OR OTHER LEGAL AUTHORITY 51 USC 403 J			
		CF TO V		CF TO CF							
9 ORGANIZATIONAL DESIGNATIONS DOO/LA DIVISION CUSA OPERATIONS GROUP OPS BRANCH						10 LOCATION OF OFFICIAL STATION WASH., D.C.					
11 POSITION TITLE OPERATIONS OFFICER						12 POSITION NUMBER CQ05		13 SERVICE DESIGNATION DQB			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS				15 OCCUPATIONAL SERIES 6136.01		16 GRADE AND STEP 12 2		17 SALARY OR RATE 19070			
18 REMARKS WASH., D.C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE 56		20 EMPLOY CODE 1		21 OFFICE CODING NUMBER ALPHABETIC 5157 LA		22 STATION CODE 7513		23 INTEGREE CODE		24 MOBILE CODE 1	
25 DATE OF BIRTH MO DA YR 09 14 75		26 DATE OF GRADE MO DA YR		27 DATE OF LEI MO DA YR		28 NTE EXPIRES MO DA YR		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1 CSC 2 CAP 3 FICA 4 NONE	
31 SEPARATION DATA CODE		32 CORRECTION / CANCELLATION DATA TYPE MO DA YR		33 SECURITY REG NO		34 SER		EOD DATA			
35 VET PREFERENCE CODE 0 NONE 1 5 YR 2 10 YR		36 SERV COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER CATEGORY CAR ESW FROM EMP		39 FEGLI / HEALTH INSURANCE CODE 0 WAIVER 1 YES		40 SOCIAL SECURITY NO	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (MORE THAN 3 YRS) 3 BREAK IN SERVICE (MORE THAN 5 YRS)				42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED 1 YES 2 NO		44 STATE TAX DATA FORM EXECUTED 1 YES 2 NO		45 TAX EXEMPTIONS CODE NO TAX EXEMPTIONS	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>POSTED</b>  19 SEP 75 <i>BL</i> </div>											

FORM 1150  
9-72 May 9-73Use Previous  
Edition

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E 2 IMPROST CL BY 607627

14-011

LT-42

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS	
030130		FLORES DANIEL		SI 500		CF			
6 OLD SALARY RATE				7 NEW SALARY RATE				8 TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	WGI	QSI
GS 12	1	18,463	11/25/73	GS 12	2	19,078	11/24/74		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE									
SIGNATURE <i>Norton D. Sandy</i>						DATE <i>23 Sept 74</i>			
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERKS INITIALS <i>4-28</i> <i>[Signature]</i>									
FORM 10-73 560E Use previous editions PAY CHANGE NOTIFICATION <i>[Signature]</i>									

LMP: 27 SEPT 74

SECRET  
(When Filled In)


NOTIFICATION OF PERSONNEL ACTION									
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)							
036130		FLORES DANIEL							
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT			
REASSIGNMENT				09 15 74		REGULAR			
6 FUNDS		7 FAN AND NSCA		8 CSC OR OTHER LEGAL AUTHORITY					
V TO V		V TO CF		5135 4534		0000 50 USC 403 J			
CF TO V		X CF TO CF							
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION					
DDO/WH DIVISION WH/COG OPS BRANCH				WASH., D.C.					
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION			
OPS OFFICER				1159		DQB			
14 CLASSIFICATION SCHEDULE (GS, LS, etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE			
GS		0136.01		12 1		17497			
18 REMARKS WASH., D.C.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE		23 INTEGRITY CODE	
37		10		51500 WH		75013			
24 DATE OF BIRTH		25 DATE OF GRADE		26 DATE OF LST					
08 04 35									
27 NTE EXPIRES		28 SPECIAL REFERENCE		29 RETIREMENT DATA		30 SEPARATION DATA CODE		31 CORRECTION / CANCELLATION CODE	
								EOD DATA	
32 VET PREFERENCE		33 SERV COMP DATE		34 LONG COMP DATE		35 CAREER CATEGORY		36 REGU / HEALTH INSURANCE	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									
POSTED JK 9/27/74									

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DMS: 27 JUN 74

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 335134		2. NAME (LAST FIRST MIDDLE) FLORES DANIEL	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE MO DA YR 06 23 74	
5. CATEGORY OF EMPLOYMENT REGULAR		6. FAN AND NSCA 4135 1324 311	
7. FAN AND NSCA 4135 1324 311		8. CXC OR OTHER LEGAL AUTHORITY PL 88-543 SECT. 203	
9. ORGANIZATIONAL DESIGNATION DDO/HA DIVISION		10. LOCATION OF OFFICIAL STATION LIMA, PERU	
11. POSITION TITLE		12. POSITION NUMBER	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (XX OR III)	
15. OCCUPATIONAL SERIES		16. GRADE AND STEP 12	
17. SALARY GR RATE		18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. PAY CODE GENERAL ADMINISTRATIVE	22. STATION CODE
23. PAY CODE GENERAL ADMINISTRATIVE	24. PAY CODE GENERAL ADMINISTRATIVE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. RETIREMENT DATA 1. TYPE 2. CODE 3. DATE 4. MONTH	29. SEPARATION DATA CODE	30. CORRECTION / CONSTRUCTION DATA TYPE MO DA YR
31. SECURITY REG NO	32. SECURITY REG NO	33. SOCIAL SECURITY NO	34. SOCIAL SECURITY NO
35. VET PREVIOUS	36. VET COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY
39. FICAT / HEALTH INSURANCE	40. SOCIAL SECURITY NO	41. SOCIAL SECURITY NO	42. SOCIAL SECURITY NO
43. SOCIAL SECURITY NO	44. SOCIAL SECURITY NO	45. SOCIAL SECURITY NO	46. SOCIAL SECURITY NO
47. SOCIAL SECURITY NO	48. SOCIAL SECURITY NO	49. SOCIAL SECURITY NO	50. SOCIAL SECURITY NO
SIGNATURE OF OTHER AUTHENTICATION			
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(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

DDF

1 SERIAL NUMBER 030130		2 NAME (LAST FIRST MIDDLE) FLORES DANIEL	
3 NATURE OF PERSONNEL ACTION PROMOTION		4 EFFECTIVE DATE 11 25 73	5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS V TO V CF TO V	V TO CF CF TO CF	7 FAN AND NSCA 4135 1084 0000	8 CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9 ORGANIZATIONAL DESIGNATIONS DDO/WH DIVISION FOREIGN FIELD BRANCH 3- STATION		10 LOCATION OF OFFICIAL STATION	
11 POSITION TITLE OPS OFFICER		12 POSITION NUMBER 0136	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (OS, LB, etc.) GS	15 OCCUPATIONAL SERIES 6136.01	16 GRADE AND STEP 12 1	17 SALARY OR RATE 17427
18 REMARKS HOME CASE: WH			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE 22	20 EMPLOYER CODE 10	21 OFFICE CODING 51760	22 STATION CODE 57085
23 INTEGRITY CODE 3	24 HOURS CODE 08 04 35	25 DATE OF BIRTH 11 25 73	26 DATE OF GRADE 11 25 73
27 DATE OF LEI 11 25 73	28 INT EXPRESS NO DA YES	29 SPECIAL REFERENCE 1 FNL 2 CA 3 PJA 4 NOLAD	30 RETIREMENT DATA CODE
31 SEPARATION DATA CODE	32 CORRECTION/CONCILIATION DATA TIME NO DA YES	33 SECURITY REQ NO	34 SER
35 VET PREFERENCE CODE 1 NO 2 YES	36 SERV COMP DATE NO DA YES	37 LONG COMP DATE NO DA YES	38 CAREER CATEGORY FAB BSA CODE CODE 1 YES 2 NO
39 REGI HEALTH INSURANCE CODE 1 YES 2 NO	40 SOCIAL SECURITY NO	41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1 NO 2 YES 3 YES 4 YES 5 YES 6 YES 7 YES 8 YES 9 YES 10 YES	
42 LEAVE CAT CODE	43 FEDERAL TAX DATA CODE 1 YES 2 NO 3 YES 4 NO 5 YES 6 NO 7 YES 8 NO 9 YES 10 NO	44 STATE TAX DATA CODE 1 YES 2 NO 3 YES 4 NO 5 YES 6 NO 7 YES 8 NO 9 YES 10 NO	
SIGNATURE OF OTHER AUTHENTICATION 11/15/73			

F-3300 1-73  
1-73 100 11 73Via Previous  
Edition

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DMS

6-2 (Rev. 8-61) (1-73)

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14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF  
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI  
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE  
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	760	CF GS 11 4	\$16,138

27

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER  
11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	760	CF GS 11 4	\$15,394





BS: 8 DEC 71

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
036130		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
PROMOTION						11 28 71			REGULAR		
6. FUNDS		V TO V		V TO CP		7. Financial Analysis No. Chargeable			8. CSC OR OTHER LEGAL AUTHORITY		
CP TO V		X		CP TO CP		2135 1084 0000			50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DUP/WH DIVISION FOREIGN FIELD BRANCH 3, LIMA, PERU STATION						LIMA, PERU					
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION		
OPS OFFICER						0136			D		
14. CLASSIFICATION SCHEDULE (HS, GS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		11 3		13457			
18. REMARKS											
LIMA, PERU											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL:											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEROFF CODE	24. MOVING CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
22	10	51760 WH		57085		3	08 04 35		11 28 71		11 28 71
28. PTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. Correction / Cancellation Data		33. SECURITY REQ NO	
										100 DATA	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. PEGU / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEA-E CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				CODE		CODE		CODE			
1. YES 2. NO 3. YES 4. NO				1. YES 2. NO		1. YES 2. NO		1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											
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FORM 1150  
1-68Use Previous  
Edition

SECRET

(When Filled In)  
 (When Filled In)

WEB: 29 SEPT 71

SECRET

When Filled In

NOTIFICATION OF PERSONNEL ACTION											
ODF											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
036130		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT				09   19   71		REGULAR					
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2135 1084 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WH FOREIGN FIELD BRANCH 3 LIMA, PERU STATION						LIMA, PERU					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION					
OPS OFFICER				0136		D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01		10 3		12285				
18. REMARKS											
GUAYAQUIL, ECUADOR											
HOME BASE: WH											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTRINSIC CODE		24. HEALTH CODE	
37		10		51700 WH		57085		3		08   04   35	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
XX   XX   XX		XX   XX   XX		XX   XX   XX		XX   XX   XX		XX   XX   XX		XX   XX   XX	
31. VET PREFERENCE		32. SERV COMP DATE		33. LONG COMP DATE		34. CAREER CATEGORY		35. FEGLI - HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				CODE		CODE		CODE			
1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE (MORE THAN 3 YRS)				1. YES 2. NO		1. YES 2. NO		1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											
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FORM 1150  
5-68

Use Previous Edition

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BS

(Printed Name and Title)  
 AUTHENTICATION

Jul 19

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
036130		FLORES DANIEL		51 700		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
GS 10	2	\$11,901	07/26/70	GS 10	3	\$12,295	07/25/71		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
Richard L. Conolly				6 May 1971					
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERKS INITIALS				AUDITED BY					
R. L. Conolly				J. L.					
FORM 7-65 560 E		Use previous editions		PAY CHANGE NOTIFICATION				(4-51)	

545

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR+STEP	NEW SALARY
FLORES DANIEL	036130	51	700	CF GS 10 2	\$11,901

SECRET

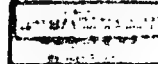
(When Filled In)

BSJ: 10 AUG 70

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
036136		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
PROMOTION				07   29 70		REGULAR					
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		1135 0884 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WH FOREIGN FIELD BRANCH 3											
STATION BASE											
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION					
OPS OFFICER				0376		D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		10 2		11231			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRAL CODE		24. MAJOR CODE	
22		10		51700 WH		19559				3	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
03   04 35		07   26 70		07   26 70		03   04 35		07   26 70		07   26 70	
31. INT. EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION / CANCELLATION DATA		36. SECURITY REQ NO	
07   25   72		81		1. CSC 2. CUB 3. PIA 4. N/A						EOD DATA	
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. CAREER CATEGORY		41. FEELI: HEALTH INSURANCE		42. SOCIAL SECURITY NO	
CODE		NO		DA		YE		CODE		NO	
1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO	
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE				44. LEAVE CAT CODE				45. FEDERAL TAX DATA			
CODE				CODE				CODE			
1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE LESS THAN 3 YRS. 4. BREAK IN SERVICE MORE THAN 3 YRS.				1. YES 2. NO				1. YES 2. NO			
46. STATE TAX DATA				47. STATE TAX DATA				48. STATE TAX DATA			
CODE				CODE				CODE			
1. YES 2. NO				1. YES 2. NO				1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											

SECRET

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1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
036130		FLURES DANIEL		91 700		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
GS 09	2	\$ 9,631	04/06/69	GS 09	3	\$ 9,942	04/03/70		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS		RE: INITIALS						AUDITED BY	
FORM 7-60 560 E		Use previous editions		PAY CHANGE NOTIFICATION				(4.31)	

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"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-208 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	700	CF GS 09 2	\$ 9,631

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 29 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	700	CF GS 09 2	\$10,210

SECRET

(When Filled In)

JLD: 24 APR 69

## NOTIFICATION OF PERSONNEL ACTION

COF

1. SERIAL NUMBER 036130		2. NAME (LAST FIRST MIDDLE) FLORES DANIEL	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE MO DA YR 04 10 69	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V CF TO V X V TO CF CF TO CF	7. Personal Analysis No. Chargeable 9135 0884 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 3 STATION BASE		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0376	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (OS, IS, ON) OS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 09 2	17. SALARY OR RATE 8744
18. REMARKS			
MARITAL STATUS: MARRIED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 55	20. EMPLOY CODE 10	21. OFFICE CODING NUMBER 51700 WH ALPHABETIC 19559	22. STATION CODE 19559
23. INTEGRITY CODE 3	24. PAY CODE 08 04 35	25. DATE OF BIRTH MO DA YR 08 04 35	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. NTE EXPIRES MO DA YR	29. SPEC AL REFERENCE	30. RETIREMENT DATA 1. CM 2. L-10 3. L-10 4. L-10 5. L-10
31. SEPARATION DATA CODE	32. CORRECTION - CANCELLATION DATA	33. SECURITY REQ NO	34. SER
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY
39. REG. HEALTH INSURABLE	40. SOCIAL SECURITY NO	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT CODE
43. FEDERAL TAX DATA	44. STATE TAX DATA	45. MILITARY SERVICE DATA	46. STATE TAX DATA
SIGNATURE OF OTHER AUTHENTICATION			

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SECRET

(When Filled In)

JLB: 22 APR 69

## NOTIFICATION OF PERSONNEL ACTION

CCF

1. SERIAL NUMBER 036130		2. NAME (LAST FIRST MIDDLE) FLORES DANIEL	
3. NATURE OF PERSONNEL ACTION PROMOTION, TRANSFER TO CONFIDENTIAL FUNDS AND CHANGE OF SERVICE DESIGNATION		4. EFFECTIVE DATE 04 10 69	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V	7. TO CF X CF TO CF	8. CAC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 3 STATION BASE		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0375	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS 18 AM) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 03 2	17. SALARY OR RATE 8744
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 20	20. EMPLOY CODE 10	21. OFFICE CODES 51700 WH	22. STATUS CODE 19559
23. DATE OF BIRTH 08 04 35	24. DATE OF GRADE 04 06 69	25. DATE OF LEI 04 06 69	26. SECURITY REQ NO 34 SER
27. PTE EMPLOY NO DA 10	28. SPECIAL REFERENCE	29. RETIREMENT DATA 1. CIV 2. SUB 3. PIA 4. NO DA	30. SEPARATION DATA CODE
31. VET PREFERENCE	32. SERV COMP DATE	33. LONG COMP DATE	34. CAREER CATEGORY
35. REGU / HEALTH INSURANCE	36. SOCIAL SECURITY NO	37. SIGNATURE OF OTHER AUTHENTICATION	
38. PREVIOUS EMPLOYMENT SERVICE			
39. STATE TAX DATA			
40. FEDERAL TAX DATA			
41. STATE TAX DATA			

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JLU: 7 OCT 68

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
036130		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						10 06 68		REGULAR			
6. FUNDS		X		V TO V		V TO CF		7. Financial Analysis Pkg. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		9235 0620 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WH BRANCH 4 SECTION						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						1441		SJ			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		08 2		7956			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. PAYMENT CODE	
37		10		51450 WH		75013				1	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
08 04 35						08 04 35					
31. NTE EXPIRY		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION / Cancellation Date		36. SECURITY REG NO	
										EOD DATA	
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. CAREER CATEGORY		41. REGUL / HEALTH INSURANCE		42. SOCIAL SECURITY NO	
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE				44. LEAVE CAT CODE				45. FEDERAL TAX DATA			
46. STATE TAX DATA				47. FEDERAL TAX DATA				48. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
FROM CTP											

FORM 1130  
1-68Use Previous  
Edition

SECRET

SF.

Excluded from automatic  
downgrading and  
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FLORES DANIEL	036130	28	300	V GS 08 2	\$ 7,630	\$ 7,956

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962,"

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FLORES DANIEL	036130	28	300	V GS 06 3	\$ 6,263	\$ 6,547

JLB: 24 JUN 68

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
036130		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						MO DA YR 06 16 68		REGULAR			
6. FUNDS		7. V TO V		8. V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
X		CF TO V		CF TO CF		8275 2100 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDS/OTR CAREER TRAINING PROGRAM						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
CAREER TRAINEE						0745		SJ			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0090.01			GS 2			7630		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. HEALTH CODE	
22		10		26800 CTP		75013				1	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF 1E1		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF 1E1	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
06 04 35		06 16 68		06 16 68		06 16 68		06 16 68		06 16 68	
31. INT. EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. Correction - Cancellation Data		36. SECURITY REQ NO	
MO DA YR				1. CSC 2. CIA 3. PCA 4. NCMH		CODE		TYPE MO DA YR		37. SEA	
								EOD DATA			
38. VET PREFERENCE		39. SERV COMP DATE		40. LONG COMP DATE		41. CAREER CATEGORY		42. FEGLI / HEALTH INSURANCE		43. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
1. NONE 2. 5 PT 3. 10 PT								1. YES 2. NO			
44. PREVIOUS CIVILIAN GOVERNMENT SERVICE				45. LEAVE CAT CODE				46. FEDERAL TAX DATA			
CODE				CODE				CODE			
1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE LESS THAN 3 YRS. 4. BREAK IN SERVICE MORE THAN 3 YRS.				1. YES 2. NO				1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											

POSTED  
PC  
6-24-68

FORM 5-66 1150 May 10-67

Use Previous Edition

SECRET

JLB

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

**SECRET**  
(When Filled In)

FVS: 15 DEC 67

**NOTIFICATION OF PERSONNEL ACTION**

1. SERIAL NUMBER 030130		2. NAME (LAST FIRST MIDDLE) FLORES DANIEL	
3. NATURE OF PERSONNEL ACTION PROMOTION AND CHANGE OF SERVICE DESIGNATION			4. EFFECTIVE DATE NO. DA. YR. 12   17   67
5. CATEGORY OF EMPLOYMENT REGULAR			6. FUNDS X V TO V CF TO V
7. Financial Analysis No. Chargeable 6275 2100 0000			8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS JCS/CTR CAREER TRAINING PROGRAM		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE CAREER TRAINEE		12. POSITION NUMBER 0748	13. SERVICE DESIGNATION SJ
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	15. OCCUPATIONAL SERIES 0050.01	16. GRADE AND STEP 07-2	17. SAL-AY OR RATE 6559
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 28300 UTP	22. STATION CODE 75013
23. INTEGREE CODE	24. MILEAGE CODE 1	25. DATE OF BIRTH MO DA YR 08   04   35	26. DATE OF GRADE MO DA YR 12   17   67
27. DATE OF LEI MO DA YR 12   17   67	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - CIA 3 - PICA 4 - CODE
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ NO	34. SER
35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CODE 0 - NONE 1 - YES 2 - NO
39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	40. SOCIAL SECURITY NO.	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 2 YRS) 3 - BREAK IN SERVICE (MORE THAN 2 YRS)	42. LEAVE CAT CODE
43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE 1 - YES 2 - NO	SIGNATURE OR OTHER AUTHENTICATION	

**POSTED**

2-26-67

FORM 1150

Use Previous Edition

SECRET

FVS

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

**SECRET**  
(When Filled In)

MAH: 20 SEPT 67

NOTIFICATION OF PERSONNEL ACTION												
OCF												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
036130		FLORES DANIEL										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
CHANGE OF COST CENTER NUMBER						09   07   67		REGULAR				
6. FUNDS		X		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY		
		CF TO V		CF TO CF		8235 0620 0000		50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP/WH WH/COG INTELLIGENCE BRANCH OPERATIONS SUPPORT SECTION						WASH., D.C.						
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION				
INTELLIGENCE ASST						1174		D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS				0301.28		06 3		6263				
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MGRN. CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37	10	NUMERIC	ALPHABETIC	75013			MO	DA	YR	MO	DA	YR
		51500	WH				08	04	35			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO.		34. SER
NO	DA	YR		1 - CSC	2 - CDA	3 - PCA	4 - PCA	5 - PCA	6 - PCA	EOD DATA		
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
CODE	0 - NONE	NO	DA	YR	NO	DA	YR	CODE	CODE	0 - WAIVER	HEALTH INS CODE	
	1 - 5 PT									1 - YES		
	2 - 10 PT											
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA				
CODE				CODE		FORM EXECUTED		FORM EXECUTED		CODE		
0 - NO PREVIOUS SERVICE						1 - YES		1 - YES		NO TAX STATE CODE		
1 - NO BREAK IN SERVICE						2 - NO		2 - NO		EXEMP		
2 - BREAK IN SERVICE LESS THAN 3 YRS												
3 - BREAK IN SERVICE MORE THAN 3 YRS												
SIGNATURE OR OTHER AUTHENTICATION												
<div style="text-align: right; margin-right: 50px;">             11/20/67         </div>												

FORM 1000  
1-66

1150

Use Previous  
Edition

**SECRET**

**MAH**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

SECRET  
(When Filled In)

6-43

P100

NOTIFICATION OF PERSONNEL ACTION									
OCS 10/07/67									
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)							
036130		FLORES DANIEL							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
CONV. TO CAREER EMPLOYEE STATUS				MO. DA. YR. 03 11 65					
6. FUNDS		X		V TO V		V TO CF		7. FINANCIAL ANALYSIS NO. CHARGEABLE	
		CF TO V		CF TO CF				8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DUP/HM DIVISION									
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
						D			
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
18. REMARKS									
SIGNATURE OR OTHER AUTHENTICATION									

**SECRET**  
(When Filled In)

MAIL: 28. JULY 67

## NOTIFICATION OF PERSONNEL ACTION

## DCF

1. SERIAL NUMBER		2 NAME (LAST FIRST-MIDDLE)	
036130		FLORES DANIEL	
3 NATURE OF PERSONNEL ACTION		4 EFFECTIVE DATE	
PROMOTION & PAY ADJUSTMENT TO FULL TIME		07 130167	
5 CATEGORY OF EMPLOYMENT		REGULAR	
6 FUNDS		7 Financial Analysis No Chargeable	
X		8 CSC OR OTHER LEGAL AUTHORITY	
9 ORGANIZATIONAL DESIGNATIONS		10 LOCATION OF OFFICIAL STATION	
DDP/WH WH/COG INTELLIGENCE BRANCH OPERATIONAL SUPPORT SECTION		8235 1162 0000 50 USC 403 J WASH., D.C.	
11 POSITION TITLE		12 POSITION NUMBER	
INTELLIGENCE ASST		1174	
13 CLASSIFICATION SCHEDULE (SEE 1B, 40)		14 GRADE AND STEP	
GS		06 3	
15 OCCUPATIONAL SERIES		16 SALARY GS RATE	
0301,28		6263	
17 REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING	22 STATION CODE
28	10	51500 WH	75013
23 DATE OF BIRTH	24 DATE OF GRADE	25 DATE OF LEI	
08 104 35 17	07 130 67	07 130 67	
26 DATE EXPIRES	27 SPECIAL REFERENCE	28 RETIREMENT DATA	29 SEPARATION DATA CODE
30 VET PREFERENCE	31 VET COMP DATE	32 LONG COMP DATE	33 CAREER CATEGORY
34 PREVIOUS CIVILIAN GOVERNMENT SERVICE	35 LEAVE CAT CODE	36 FEDERAL TAX DATA	37 STATE TAX DATA
SIGNATURE OR OTHER AUTHENTICATION			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>              08-07-07           </div>			

### The Present Edition

**SECRET**

POSTED

1807-271

**CHARGE**      **DATE**

**Abstract**



653

1. Serial No.		2. Name		3. Last Letter Number		4. LWOP Status				
036130		FLORES DANIEL		51 500 V						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Pay Date	Grade	Step	Salary	Effective Date	Pst	ESI	ADJ
GS 05	3	5,573	03/14/65	GS 05	4	5,694	03/13/66			
8. Remarks and Authentication										
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>dt</i> AUDITED BY <i>dt</i>										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>[Signature]</i> DATE <i>9 FEB 66</i>										
<b>PAY CHANGE NOTIFICATION</b>										

Form 145 500E May 2-65

(4-51)

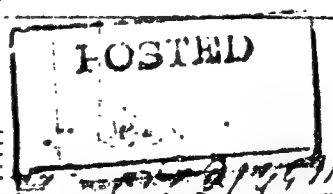
"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504, PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGAN.	FUND	GR-STEP	OLD SALARY	NEW SALARY
FLORES DANIEL	036130	51	500	V GS 05 4	\$ 5,694	\$ 5,859

FJH: 21 SEPT 66

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																																																																																																																																																					
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)																																																																																																																																																			
036130		FLORES DANIEL																																																																																																																																																			
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT																																																																																																																																															
REASSIGNMENT				09   19   66		PART TIME																																																																																																																																															
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY																																																																																																																																																	
X		7235 1162 0000		50 USC 403 J																																																																																																																																																	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION																																																																																																																																																	
DDP/WH WH/C INTELLIGENCE BRANCH OPERATIONAL SUPPORT SECTION				WASH., D.C.																																																																																																																																																	
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION																																																																																																																																															
INTELLIGENCE CLERK				1176		D																																																																																																																																															
14. CLASSIFICATION SCHEDULE (GS, AS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE																																																																																																																																															
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																																																																																																																																					
<table border="1"> <thead> <tr> <th colspan="2">ACTION CODE</th> <th colspan="2">30 EMPLOY CODE</th> <th colspan="2">31. OFFICE CODING</th> <th colspan="2">32 STATION CODE</th> <th colspan="2">33. INTEREST CODE</th> <th colspan="2">34. DATE OF BIRTH</th> <th colspan="2">35. DATE OF GRADE</th> <th colspan="2">37. DATE OF SET</th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2">NUMERIC ALPHABETIC</th> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2">MO DA YR.</th> <th colspan="2">MO DA YR.</th> <th colspan="2">MO DA YR.</th> </tr> </thead> <tbody> <tr> <td colspan="2">7</td> <td colspan="2">36</td> <td colspan="2">51500 WH</td> <td colspan="2">75013</td> <td colspan="2">1</td> <td colspan="2">08   04   35</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">31. DATE OF SET</td> <td colspan="2">32. SPECIAL REFERENCE</td> <td colspan="2">33. RETIREMENT DATA</td> <td colspan="2">34. SEPARATION DATA CODE</td> <td colspan="2">35. CORRECTION/CANCELLATION DATA</td> <td colspan="2">36. SECURITY REQ. NO.</td> <td colspan="2">37. SES</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">31. DA YR.</td> <td colspan="2"></td> <td colspan="2">33. CAC 34. PICA 35. NONE</td> <td colspan="2">CODE</td> <td colspan="2">TYPE</td> <td colspan="2">MO DA YR.</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">37. PREFERENCE</td> <td colspan="2">36. SERV. COMP. DATE</td> <td colspan="2">37. LONG. COMP. DATE</td> <td colspan="2">38. CAREER CATEGORY</td> <td colspan="2">39. PEGIT / HEALTH INSURANCE</td> <td colspan="2">40. SOCIAL SECURITY NO.</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">37. NO</td> <td colspan="2">36. DA YR.</td> <td colspan="2">37. DA YR.</td> <td colspan="2">38. CAC 39. PICA 40. NONE</td> <td colspan="2">39. CODE 40. DRIVER 41. YES</td> <td colspan="2">40. HEALTH INS. CODE</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="4">41. PREVIOUS GOVERNMENT SERVICE DATA</td> <td colspan="2">42. LEAVE CAT. CODE</td> <td colspan="4">43. FEDERAL TAX DATA</td> <td colspan="4">44. STATE TAX DATA</td> </tr> <tr> <td colspan="4">41. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS.) 3. BREAK IN SERVICE (MORE THAN 3 YRS.)</td> <td colspan="2">42. CODE</td> <td colspan="4">43. FARMER/RECEIVED CODE 1. YES 2. NO</td> <td colspan="4">44. FORM EXECUTED 1. YES 2. NO</td> </tr> </tbody> </table>										ACTION CODE		30 EMPLOY CODE		31. OFFICE CODING		32 STATION CODE		33. INTEREST CODE		34. DATE OF BIRTH		35. DATE OF GRADE		37. DATE OF SET						NUMERIC ALPHABETIC						MO DA YR.		MO DA YR.		MO DA YR.		7		36		51500 WH		75013		1		08   04   35						31. DATE OF SET		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/CANCELLATION DATA		36. SECURITY REQ. NO.		37. SES				31. DA YR.				33. CAC 34. PICA 35. NONE		CODE		TYPE		MO DA YR.						37. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. PEGIT / HEALTH INSURANCE		40. SOCIAL SECURITY NO.						37. NO		36. DA YR.		37. DA YR.		38. CAC 39. PICA 40. NONE		39. CODE 40. DRIVER 41. YES		40. HEALTH INS. CODE						41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA				41. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS.) 3. BREAK IN SERVICE (MORE THAN 3 YRS.)				42. CODE		43. FARMER/RECEIVED CODE 1. YES 2. NO				44. FORM EXECUTED 1. YES 2. NO			
ACTION CODE		30 EMPLOY CODE		31. OFFICE CODING		32 STATION CODE		33. INTEREST CODE		34. DATE OF BIRTH		35. DATE OF GRADE		37. DATE OF SET																																																																																																																																							
				NUMERIC ALPHABETIC						MO DA YR.		MO DA YR.		MO DA YR.																																																																																																																																							
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31. DA YR.				33. CAC 34. PICA 35. NONE		CODE		TYPE		MO DA YR.																																																																																																																																											
37. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. PEGIT / HEALTH INSURANCE		40. SOCIAL SECURITY NO.																																																																																																																																											
37. NO		36. DA YR.		37. DA YR.		38. CAC 39. PICA 40. NONE		39. CODE 40. DRIVER 41. YES		40. HEALTH INS. CODE																																																																																																																																											
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1130

Use Previous  
Edition

SECRET

 LABEL 1  
 10-100-100-100  
 100-100-100-100  
 100-100-100-100

(When Filled In)

**SECRET**  
(When Filled In)

RZF: 28 JAN 66

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)							
036130		FLORES DANIEL							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
CHG IN STRENGTH COUNT				01 30 66		PART TIME			
6. FUNDS		7 TO 7		7 TO 7		7. COST CENTER NO. CHARGEABLE		8. CLK OR OTHER LEGAL AUTHORITY	
X						6235 1162 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/WH WH/C INTELLIGENCE BRANCH REPORTS AND REQUIREMENTS SECTION				WASH., D.C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
INTELLIGENCE CLERK				1184		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0301.27		05 3		5523			
18. REMARKS									
THIS ACTION CORRECTS COMPUTER CODING TO REFLECT CHANGE IN STRENGTH COUNT OF PART TIME PERSONNEL IN ACCORDANCE WITH PROVISIONS OF HR-20-10, REVISED 21 DECEMBER 1965.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
33	36	NUMERIC	ALPHABETIC	75013			08 04 35		
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	34. SEX
NO DA YR		1. COL 2. FICA 3. NONE	CODE		TYPE	NO DA YR			
35. VET. PREFERENCE		36. SERV COMP DATE	37. LONG COMP. DATE		38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		NO DA YR	NO DA YR		CODE	CODE		CODE	
0. NONE 1. 5 PT 2. 10 PT						0. WAIVER 1. YES		HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT.		43. FEDERAL TAX DATA		44. STATE TAX DATA		
CODE			CODE		CODE		CODE		
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS 3. BREAK IN SERVICE MORE THAN 3 YRS			1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		
SIGNATURE OR OTHER AUTHENTICATION									

FORM 1150  
11 62Use Previous  
Edition

SECRET

LTOP  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 49-301,  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1952."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FLORES DANIEL	036130	51	500	V GS 05 3	\$ 5,330	\$ 5,523

PJM: 25 AUG 65

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER  
036130  
2. NAME (LAST-FIRST-MIDDLE)  
FLORES DANIEL

3. NATURE OF PERSONNEL ACTION

REASSIGNMENT

4. EFFECTIVE DATE

08 | 25 | 65

5. CATEGORY OF EMPLOYMENT

PART TIME

6. FUNDS

X

V TO V

V TO CF

CF TO V

CF TO CF

7. COST CENTER NO. CHARGEABLE

6235 1162 (XXX)

8. CSC OR OTHER LEGAL AUTHORITY

50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS

DDP/WH WH/C  
INTELLIGENCE BRANCH  
REPORTS AND REQUIREMENTS SECTION

10. LOCATION OF OFFICIAL STATION

WASH., D.C.

11. POSITION TITLE

INTELLIGENCE CLERK

12. POSITION NUMBER

1184

13. SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, LO, etc.)

GS

15. OCCUPATIONAL SERIES

0301.27

16. GRADE AND STEP

05 3

17. SALARY OR RATE

5330

18. REMARKS

## SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION NO. Employ Code	20. OFFICE CODING	21. STATION CODE	22. INTEGREE CODE	23. Major Code	24. DATE OF BIRTH	25. DATE OF GRADE	26. DATE OF LEI
37	20	515001 WH	75013	1	08   14   35		
27. NTE EXPIRES	28. SPECIAL REFERENCE	29. RETIREMENT DATA	30. SEPARATION DATA CODE	31. CORRECTION/CANCELLATION DATA	32. SECURITY REQ NO	33. SEX	
NO. DA YR	1. CSC 2. RICA 3. NONE	CODE	DATA CODE	TYPE NO DA YR			
34. VET. PREFERENCE	35. SERV. COMP. DATE	36. LONG. COMP. DATE	37. CAREER CATEGORY	38. FEGLI / HEALTH INSURANCE	39. SOCIAL SECURITY NO.		
CODE 0 - NONE 1 - DPT 2 - 10 PT	NO DA YR	NO DA YR	LAN 0000 PMTL TEMP	CODE CODE 0 - WAIVER 1 - YES	HEALTH INS CODE		
40. PREVIOUS GOVERNMENT SERVICE DATA	41. LEAVE CAT CODE	42. FEDERAL TAX DATA	43. STATE TAX DATA				
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	FORM EXECUTED CODE 1 - YES 2 - NO	NO TAX EXEMPTIONS	FORM EXECUTED CODE 1 - YES 2 - NO	CODE NO TAX EXEMPT	STATE CODE		

SIGNATURE OR OTHER AUTHENTICATION

J 27 65 W

FORM 1150  
11-62Use Previous  
Edition

SECRET

 USED  
 (Indicate use of contract  
 number and date  
 of execution)

(When Filled In)

1	Serial No	2	Name	3	Cost Center Number	4	LWOP Hours					
	036130		FLORES DANIEL		49 150 <sup>36F</sup> <sub>V</sub>							
5.	OLD SALARY RATE			6.	NEW SALARY RATE			7	TYPE ACTION			
	Grade	Step	Salary		Grade	Step	Salary		Effective Date	PSI	LSI	ADJ.
	GS 05	2	\$ 5,165		GS 05	3	\$ 5,330		03/14/65			
8 Remarks and Authentication												
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>WKS</i> AUDITED BY <i>WKS</i> I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: <i>[Signature]</i> DATE 15 Feb. 1964 PAY CHANGE NOTIFICATION												

Form 560

Obsolete Previous Edition

(4-51)

DLB: 5 FEB 65

**SECRET**  
(When Filled In)

OCF														NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER				2. NAME (LAST-FIRST-MIDDLE)																							
036130				FLORES DANIEL																							
3. NATURE OF PERSONNEL ACTION										4. EFFECTIVE DATE				5. CATEGORY OF EMPLOYMENT													
PAY ADJUSTMENT TO PART TIME FROM FULL TIME										MO. DA. YR. 02   03   65				PART TIME													
6. FUNDS				X				V TO V				V TO CF															
				CF TO V				CF TO CF				7. COST CENTER NO. CHARGEABLE															
												5235 1162 0000															
												8. CSC OR OTHER LEGAL AUTHORITY															
												50 USC 403 J															
9. ORGANIZATIONAL DESIGNATIONS										10. LOCATION OF OFFICIAL STATION																	
DDP/SAS COUNTER-INTELLIGENCE STAFF OPERATIONS SECTION										WASH., D. C.																	
11. POSITION TITLE										12. POSITION NUMBER				13. SERVICE DESIGNATION													
INTELLIGENCE ASST										1130				D													
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES				16. GRADE AND STEP				17. SALARY OR RATE															
GS				0301.28				05 2				5165															
18. REMARKS																											
SUBJECT TO WORK ON REGULARLY SCHEDULED TOUR NOT TO EXCEED 19 HOURS PER WEEK. SUBJECT WILL BE WORKING MONDAY THROUGH FRIDAY, FROM 1400 TO 1700.																											
31 50																											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI											
28		28		49150 SAS		75013				1		03   04   35		03   16   64		03   16   64											
28 WTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION, CANCELLATION DATA		33. SECURITY REG NO		34. SEX															
MO. DA. YR.				1. CSC 2. FICA 3. NONE		CODE		TYPE		MO. DA. YR.																	
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. PEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO																	
CODE		0. NONE 1. 5 PT 2. 10 PT		MO. DA. YR.		MO. DA. YR.		CAR. RES. PRCA TEMP		CODE		CODE		0. WAIVER 1. YES		HEALTH INS CODE											
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE				43. FEDERAL TAX DATA				44. STATE TAX DATA															
CODE				FORM EXECUTED CODE				NO TAX EXEMPTIONS				FORM EXECUTED															
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS 3. BREAK IN SERVICE (MORE THAN 3 YRS)				1. YES 2. NO								1. YES 2. NO															
												CODE															
												NO TAX EXEMPTIONS															
												STATE CODE															
SIGNATURE OR OTHER AUTHENTICATION																											
POSTED																											
02/05/65 WK																											

1126

Use Previous  
Edition

**SECRET**

[illegible]

When filed by:

DLB: 9 FEB 65

SECRET  
(When Filled In)

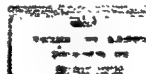
## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 036130		2. NAME (LAST FIRST MIDDLE) FLORES DANIEL													
3. NATURE OF PERSONNEL ACTION PAY ADJUSTMENT TO PART TIME FROM FULL TIME (CORRECTION)		4. EFFECTIVE DATE 02 08 65		5. CATEGORY OF EMPLOYMENT PART TIME											
6. FUNDS X V TO V CF TO V		7. COST CENTER NO. CHARGEABLE 5235 1162 0000		8. CLK OR OTHER LEGAL AUTHORITY 50 USC 403 J											
9. ORGANIZATIONAL DESIGNATIONS DDP/SAS COUNTER-INTELLIGENCE STAFF OPERATIONS SECTION		10. LOCATION OF OFFICIAL STATION WASH., D. C.													
11. POSITION TITLE INTELLIGENCE ASST		12. POSITION NUMBER 1130		13. SERVICE DESIGNATION D											
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0301.28		16. GRADE AND STEP 05 2		17. SALARY OR RATE 5165									
18. REMARKS THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 02/08/65 AS FOLLOWS: ITEM #19, ACTION CODE, WHICH READ 28, TO READ 31. ITEM #20, EMPLOYEE CODE, WHICH READ 36, TO READ 20.															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE 31		20. EMPLOYEE CODE 20		21. OFFICE CODES 49150 SAS		22. STATION CODE 75013		23. INTEGRITY CODE 1		24. DATE OF BIRTH 08 04 35		25. DATE OF GRADE 03 16 64		26. DATE OF LET 03 16 64	
27. DATE EXPIRES NO DA YR		28. SPECIAL REFERENCE		29. RETIREMENT DATA 1. 101 2. 102 3. 103		30. SEPARATION DATA CODE		31. CORRECTION/CANCELLATION DATA TYPE NO DA YR		32. SECURITY STO NO		33. 101		34. 102	
35. VET PREFERENCE CODE 1 000 2 001 3 100		36. SALT (COMP DATE) NO DA YR		37. LONG COMP DATE NO DA YR		38. CAREER CATEGORY CNO 000 FNO 100 PNO 200		39. PERSAL/HEALTH INSURANCE CODE 1 100 2 100 3 100		40. SOCIAL SECURITY NO.		41. 101		42. 102	
43. PREVIOUS GOVERNMENT SERVICE NO. 0 000 1 NO PREVIOUS SERVICE 2 NO SERVED IN SERVICE 3 SERVED IN SERVICE (LESS THAN 2 YRS) 4 SERVED IN SERVICE (MORE THAN 2 YRS)		44. LEAVE (01 02) CODE 1 100 2 100 3 100		45. PERSAL/HEALTH DATA CODE 1 100 2 100 3 100		46. 101		47. 102		48. 103		49. 104		50. 105	
SIGNATURE OR OTHER AUTHENTICATION															
<div style="border: 1px solid black; padding: 5px; display: inline-block;">FOSTED <i>[Signature]</i></div>															

100 1100

Use Personnel  
Form

SECRET



When Filled In



**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.**

[illegible]

MHC: 6 AUG 64

SECRET  
(When Filled In)

OCCF NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
036130		FLORES DANIEL							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT				08 06 64		REGULAR			
6. FUNDS		7. POST CENTER NO. (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY					
X		5235 1162 0000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/SAS COUNTER-INTELL STAFF OPERATIONS SECTION				WASH., D.C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
INTELLIGENCE ASST				1130		D			
14. CLASSIFICATION SCHEDULE (GS, LB, MC)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0301.28		05 2		4850			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES		22. STATION CODE	23. INTELLIGENCE CODE	24. MAJOR CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST
37	10	49150 SAS		75013		1	08 04 35		
28. MTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY RES NO	34. SER
35. DEF. PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE	38. CAREER CATEGORY	39. PESTL / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             TO: TID              08/13/64 J/K           </div>									

FORM 1150

Use Previous  
Editions

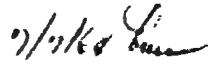
SECRET

6 AUG 1964



(When Filled In)

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
ADPD 07/01/64									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
036130		FLCRES DANIEL							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT					06   19   64				
6. FUNDS		V TO V		V TO (I)		7. COST (ENTER NO. CHARGEABLE)		8. (X) OR OTHER LEGAL AUTHORITY	
CF TO V		CF TO (I)		4232 1000 1000					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP/SAS INTELL ST OPS SUP SEC					WASH., D. C.				
11. POSITION TITLE					12. POSITION NUMBER		13. EXTERIOR SERVICE DESIGNATION		
TRANSLATOR					0922		D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			1049.01		09				
18. REMARKS									
SIGNATURE OR OTHER AUTHENTICATION									
<div style="text-align: right;">  </div>									

Form 11-50  
1-63 (Rev. 1-63)

Use Previous  
Edition

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DOD  
MEMORANDUM DATED 1 AUGUST 1986, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 5 JANUARY 1984.

					OLD	NEW
NAME	SERIAL	ORGAN FUNDS	GR-ST		SALARY	SALARY
FLORES DANIEL	036130	49 350	V GS 04 2		\$ 4,250	\$ 4,395

SECRET  
(When Filled In)

RZP: 3 MAY 83

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
036130		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE				5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT				05 09 83				REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION			
X		3232 1000 1000		50 USC 403 J		DDP/SPECIAL AFFAIRS STAFF RESEARCH BRANCH REPORTS, RECORDS, TRANSLATION SEC		WASH., D.C.			
11. POSITION TITLE				12. POSITION NUMBER				13. SERVICE DESIGNATION			
TRANSLATOR				0702				D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES				16. GRADE AND STEP			
GS				0031.01				04 2			
17. SALARY OR RATE				4250							
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. OFFICE CODING		21. STATION CODE		22. INTEGRATE CODE		23. DATE OF BIRTH		24. DATE OF GRADE	
37 10		51350 SAS		75013				03 04 35			
25. DATE EXPIRES		26. SPECIAL REFERENCE		27. RETIREMENT DATA		28. SEPARATION DATA CODE		29. CORRECTION/CANCELLATION DATA		30. SECURITY REQ NO	
								EOD DATA			
31. VET PREFERENCE		32. SAMP (CMP) DATE		33. LONG (CMP) DATE		34. CAREER CATEGORY		35. PECT / HEALTH INSURANCE		36. SOCIAL SECURITY NO	
37. PREVIOUS GOVERNMENT SERVICE DATA				38. LEAVE CAT				39. FEDERAL TAX DATA			
40. SIGNATURE OR OTHER AUTHENTICATION											

POSTED

12 May 83 J.D.

SECRET

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

<b>AMPD 07/31/63</b>									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
036130		FLORES DANIEL							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT					07   21   63				
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE	
		CF TO V		CF TO CF		4232 1000 1000		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP/SAS					WASH., D.C.				
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
TRANSLATOR					0702		D		
14. CLASSIFICATION SCHEDULE (GS 18, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			1045:01		04				
18. REMARKS									
<div align="right"> <div align="center"> <b>POSTED</b> </div> <div> <i>10/14/63</i> </div> </div>									
SIGNATURE OR OTHER AUTHENTICATION									

Form 1-63 1150P

Use Previous Edition

**SECRET**

CLASSIFIED  
Noted for automatic  
downgrading and  
declassification

(When Filled In)

(4-51)

2061200

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
036130		FLORES DANIEL		39 400 V 9						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EN Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 04	1	\$ 4,110	03/11/62	GS 04	2	\$ 4,250	03/17/63			
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY . . . . . I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: <i>[Signature]</i> DATE 7 Feb, 1963 PAY CHANGE NOTIFICATION <i>[Signature]</i>										

Form 560 Obsolete Previous Edition (431)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 37 - 792 AND  
 DCI MEMORANDUM DATED : AUGUST 1956 - SALARY IS ADJUSTED AS FOLLOWS.  
 EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST SALARY	OLD GR-ST SALARY	NEW GR-ST SALARY	NEW GR-ST SALARY
FLORES DANIEL	036130	39400	V	04 1 \$ 4040	04 1 \$ 4110		

BWS: 13 MARCH 62

SECRET  
(When Filled In)

OAF															
NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)													
036130		FLORES DANIEL													
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT						
EXCEPTED APPOINTMENT (CAREER PROVISIONAL)						MO DA YR 03 11 62			REGULAR						
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY						
X		CF TO V		CF TO CF		2226 1200 1000			50 USC 403 J						
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION									
DDP OPSER R I DIV REFERENCE BRANCH INDEX SECTION - NIGHT SHIFT						WASH., D. C.									
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION						
FILE CLERK						0147			D						
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE						
GS				0305.01		04 1			4040						
18. REMARKS															
SUBJECT TO THE SATISFACTORY COMPLETION OF A TRIAL PERIOD OF ONE YEAR. SUBJECT TO THE SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION.															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MGRS. CODE					
11		10		NUMERIC ALPHABETIC 39400 RI		75013				1					
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI					
MO DA YR 08 04 35		MO DA YR 03 11 62		MO DA YR 03 11 62		MO DA YR 03 11 62		MO DA YR 03 11 62		MO DA YR 03 11 62					
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/CANCELLATION DATA		36. SECURITY REG. NO.					
MO DA YR 03 11 62		1. CSC 2. PFA 3. NONE		CODE 1		TYPE 1		MO DA YR 03 11 62		07100 MI					
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. MIL. SERV CREDIT/LEI		41. PEGIT / HEALTH INSURANCE		42. SOCIAL SECURITY NO.					
0		MO DA YR 03 11 58		MO DA YR 03 11 62		CODE P		CODE 1		460486230					
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT				45. FEDERAL TAX DATA				46. STATE TAX DATA			
CODE 0				CODE 6				CODE 1				CODE 0			
0 NO PREVIOUS SERVICE 1 NO P-PLAN IN SERVICE 2 BREAK IN SERVICE (LESS THAN 12 MOS) 3 BREAK IN SERVICE (MORE THAN 12 MOS)				1 YES 2 NO				1 YES 2 NO				1 YES 2 NO			
SIGNATURE OR OTHER AUTHENTICATION															
RECEIVED															



CLASSIFICATION

## FITNESS REPORT

## SECTION A

## GENERAL INFORMATION

1. EMPLOYEE NUMBER	2. NAME (Last, first, middle)	3. DATE OF BIRTH	4. SEX	5. GRADE	6. SU
	Flores, Daniel	4Aug35	M	GS13	DQG
7. OFFICIAL POSITION TITLE	8. DIVISION OF ASSIGNMENT	9. STATION	10. CODE (See 11)		
Ops. Officer	DDO/LA	Mexico City	NGS. OF		
11. TYPE OF APPOINTMENT		12. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> OTHER	13. REPORTING PERIOD (FROM-TO)		14. DATE REPORT DUE IN U.P.
		10Oct78 - 30Sep79			

## SECTION B

## QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

## SECTION C

## PERFORMANCE EVALUATION

<b>U—Unsatisfactory</b>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.
<b>M—Marginal</b>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.
<b>P—Proficient</b>	Performance is satisfactory. Desired results are being produced in the manner expected.
<b>S—Strong</b>	Performance is characterized by exceptional proficiency.
<b>O—Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

## SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

<b>SPECIFIC DUTY NO. 1</b>	<b>RATING LETTER</b>
SEE ATTACHED MEXICO CITY TELEPOUCH 51744 (in 3383966) dtd 13 Nov 79.	
<b>SPECIFIC DUTY NO. 2</b>	<b>RATING LETTER</b>
<b>SPECIFIC DUTY NO. 3</b>	<b>RATING LETTER</b>
<b>SPECIFIC DUTY NO. 4</b>	<b>RATING LETTER</b>
<b>SPECIFIC DUTY NO. 5</b>	<b>RATING LETTER</b>
<b>SPECIFIC DUTY NO. 6</b>	<b>RATING LETTER</b>

## OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and pertinent trainings or talents. Based on your knowledge of employee's overall performance during the rating period place the letter in the rating box corresponding to the judgement which most accurately reflects his level of performance.

RATING LETTER

FORM 43 USE PREVIOUS EDITIONS

CLASSIFICATION

11 SEP 79 11 00

CLASSIFICATION

## SECTION D

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet.

NOV 15 3 01 AM '79  
MAIL ROOM

SEE ATTACHED.

## SECTION E

## CERTIFICATION AND COMMENTS

## 1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

13 Nov 79

OFFICIAL TITLE OF SUPERVISOR

DCOS

TYPED OR PRINTED NAME AND SIGNATURE

Robert Berg. /S/

## 2. BY EMPLOYEE

I HAVE ☐ OR HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

13 Nov 79

SIGNATURE OF EMPLOYEE

Daniel Flores /S/

## 3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

SEE ATTACHED.

DATE

13 Nov 79

OFFICIAL TITLE OF REVIEWING OFFICIAL

COS

TYPED OR PRINTED NAME AND SIGNATURE

/S/

## 4. BY EMPLOYEE

I HAVE ☐ OR HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE REVIEWER'S EVALUATION OF MY PERFORMANCE.

DATE

13 Nov 79

SIGNATURE OF EMPLOYEE

Daniel Flores /S/

CLASSIFICATION

/20/ \*EYES ONLY\*

CONFIDENTIAL

FRP: . . . . .

**EYES ONLY**

DEFERRED TELEPOUCH

ACTION: C/LA-5 (653) INFO: RF, FILE, (7/W)

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TOR: 132307Z NOV 79

3383966  
51744

CONFIDENTIAL 132241Z NOV 79 DEFERRED TELEPOUCH

CITE [ ] 51744

TO: WASHINGTON.

FOR: C/LA/PERS

SUBJECT: ADMIN/RYPAT/PERS/FR FOR [ ]

1. GIVEN BELOW IS THE FITNESS REPORT FOR [ ] FOR THE PERIOD 1 OCT 78 TO 30 SEP 79. RATINGS ON SPECIFIC DUTIES AND NARRATIVE COMMENTS WERE PREPARED BY HAROLD N. CHALDEZ, DCOS. REVIEWING COMMENTS WERE PREPARED BY RONALD F. BRIERLEY, COS. THE REPORT HAS BEEN REVIEWED AND CERTIFIED BY SUBJECT. SIGNED COPY OF FORM 45A BEING POUCHED.

2. THE FOLLOWING INFO IS KEYED TO FORM 45N, SECTION A:  
1. 03h130; 4. M; 5. GS-13; 6. DOG; 9. [ ]; 10. CAREER;  
11. ANNUAL; 12. 1 OCT 78 TO 30 SEP 79.

3. SECTION B. PERFORMANCE EVALUATION - SPECIFIC DUTIES:  
1. DIRECTS THE ACTIVITIES OF AN [ ] MAN CI [ ] TEAM RESPONSIBLE TO THE STATION. RATING LETTER - S.

2. RESPONSIBLE FOR TARGETTING CI OPERATIONS AGAINST [ ] AND [ ] IN [ ]. RATING LETTER - S.

3. CASE OFFICER FOR AGENTS AND OPERATIONS DIRECTED AGAINST THE [ ] TARGET. RATING LETTER - S.

4. SUPPORTS STATION OPERATIONS AND ACTIVITIES DIRECTED AGAINST THE [ ] AND OTHER TARGETS.

5. CASE OFFICER FOR [ ]. RATING LETTER - S.

OVERALL RATING - STRONG.

0-63 2 [ ] 51744 C O N F I D E N T I A L

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## 4. SECTION C - NARRATIVE COMMENTS.

SHORTLY BEFORE THE DEPARTURE OF THE FORMER COS, HE SUBMITTED A SPECIAL MEMORANDUM ON SUBJECT'S PERFORMANCE ([REDACTED] 50702) WHICH CONCENTRATED MOSTLY ON SUBJECT'S RESPONSIBILITIES IN THE CI FIELD. A COPY OF THIS MEMORANDUM IS AVAILABLE IN SUBJECT'S PERSONNEL FILE. THE UNDERSIGNED FULLY ENDORSES THE LAUDATORY COMMENTS IN THAT MEMORANDUM, BUT SINCE SUBJECT HAS TAKEN ON BROADER RESPONSIBILITIES, IT IS NECESSARY TO COMMENT ON OTHER ASPECTS OF HIS WORK.

FOR THE PAST MONTHS, SUBJECT HAS BEEN DIVIDING HIS TIME ABOUT EQUALLY BETWEEN HIS CI RESPONSIBILITIES AND OTHER STATION OBJECTIVES, PRINCIPALLY THE [REDACTED] TARGET. SUBJECT WAS GIVEN THESE ADDITIONAL DUTIES BECAUSE THE CI OPERATIONS GROUP IS WELL ORGANIZED AND REQUIRES LESS DIRECT C/O INPUT, AND ALSO BECAUSE OF THE NEED TO DEDICATE ALL AVAILABLE RESOURCES AGAINST THE [REDACTED] TARGET. THIS STATION IS [REDACTED] OF [REDACTED] WITHIN THE DIRECTORATE WHICH HAVE BEEN SELECTED FOR A CONCENTRATED EFFORT AGAINST [REDACTED] AND THIS TARGET NOW RANKS NUMBER ONE AMONG THE STATION'S MANY PRIORITY OBJECTIVES. SUBJECT'S PAST EXPERIENCE IN [REDACTED] OPERATIONS, HIS ABILITY TO [REDACTED] AS A [REDACTED] IN THIS COUNTRY, AND HIS OTHER STRENGTHS, WERE THE INGREDIENTS WHICH THE STATION NEEDED TO EXPLOIT IN THIS EFFORT.

SUBJECT HAS TAKEN OVER THE PRINCIPAL STATION OPERATION DIRECTED AGAINST [REDACTED]. THIS WAS A FAIRLY NEW OPERATION AT THE TIME IT WAS ASSIGNED TO SUBJECT AND IT WILL MATURE UNDER HIS DIRECTION. FOR REASONS OF SENSITIVITY, A MORE DETAILED REVIEW OF SUBJECT'S WORK ON THIS OPERATION CANNOT BE PROVIDED, BUT THE RECORD SHOULD NOTE THAT DURING THE PAST THREE MONTHS, HE HAS HANDLED THIS OPERATION IN A THOROUGHLY PROFESSIONAL MANNER WITH STEADY PROGRESS BEING MADE TO FULLY EXPLOIT THE OPERATIONAL AND REPORTING POTENTIAL. ALSO DURING THIS REPORTING PERIOD, SUBJECT RENEWED CONTACT THROUGH HIS OWN EFFORTS WITH A FORMER REPORTING ASSET WHO HAD DRIFTED AWAY FROM COLLABORATION WITH THE ORGANIZATION. SUBJECT IS NOW ATTEMPTING TO BREATHE NEW LIFE INTO THIS OPERATION AND BRING IT BACK UNDER CONTROL.

SUBJECT ALSO COOPERATED WITH ANOTHER GOVERNMENT AGENCY IN ATTEMPTING TO RE-ESTABLISH CONTACT WITH A [REDACTED]

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[ ] DURING THE TARGET'S VISIT TO THE [ ] AREA. SUBJECT WAS IN CHARGE OF COORDINATING THIS OPERATION WITH [ ] AND WITH THE OTHER AGENCY. THE OPERATION WAS SUCCESSFUL FROM THE POINT OF VIEW OF ARRANGING A MEETING WITH THE TARGET, BUT SINCE THE TARGET'S RETURN TO THE [ ] HE HAS REFUSED EFFORTS BY SUBJECT TO CONTINUE CONTACT.

ANOTHER EFFORT AGAINST THE [ ] TARGET UNDER SUBJECT'S RESPONSIBILITY INVOLVES THE RESOURCES OF THE SPECIAL CI OPERATIONS GROUP. FOR SOME MONTHS NOW, THIS GROUP HAS BEEN TRYING TO MOUNT A [ ] AND PROSPECTS REMAIN ENCOURAGING THAT THIS EFFORT WILL SOON BE OPERATIONAL. THIS IS A FAIRLY COMPLEX UNDERTAKING WHICH REQUIRES PATIENCE AND AN ELEMENT OF GOOD LUCK IN ORDER TO BE SUCCESSFUL. SUBJECT DESERVES CONSIDERABLE CREDIT FOR THE PROGRESS MADE THUS FAR AND IF EVERYTHING GOES ACCORDING TO PLAN, THIS OPERATION SHOULD BE PRODUCING WITHIN A SHORT PERIOD OF TIME.

APART FROM HIS WORK AGAINST THE [ ] TARGET, SUBJECT WAS SUCCESSFUL IN [ ] AND LATER WAS ABLE TO [ ] WITH THE [ ] HIMSELF. FOLLOWING UP ON A LEAD FROM ANOTHER SOURCE THAT A [ ] WITH A [ ] SUBJECT USED HIS NATIVE LANGUAGE AND [ ] UNDER THE GUISE OF BEING A [ ] WHO WANTED TO MONITOR THE [ ] ASSESSMENT INFORMATION OBTAINED FROM THE [ ] GREATLY FACILITATED THE ABILITY OF SUBJECT TO [ ] ONCE CONTACT WAS MADE. SUBJECT WAS ABLE TO DISCERN THAT THE TARGET WAS POTENTIALLY VULNERABLE ON [ ] BUT TIME DID NOT PERMIT THIS VULNERABILITY FROM BEING EXPLOITED BEFORE THE TARGET COMPLETED HIS TOUR AND DEPARTED THE COUNTRY. STATION REGRETS THAT A LEAD TO THIS TARGET WAS NOT IDENTIFIED EARLIER, BUT THIS DOES NOT DETRACT FROM THE PROFESSIONAL MANNER IN WHICH SUBJECT EXPLOITED EVERY OPPORTUNITY TO PUSH THIS CASE FORWARD AGAINST AN UNREALISTIC DEADLINE.

THIS REPORTING PERIOD HAS AGAIN BEEN ONE OF CONSIDERABLE ACTIVITY ON THE PART OF SUBJECT IN WHICH HE HAS DEMONSTRATED HIS TALENT FOR OPERATIONS AND PARTICULARLY HIS ABILITY TO

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DEFERRED TELEPOUCH

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DEVELOP AND HANDLE AGENTS. HE HAS DISPLAYED VERSATILITY AND FLEXIBILITY IN PURSUING HIS TARGETS AND IS EVER ALERT FOR VULNERABILITIES WHICH CAN BE EXPLOITED. HE USES GOOD JUDGMENT IN HANDLING HIS CASES AND HIS TRADecraft PROCEDURES DURING THIS PERIOD HAVE BEEN SOUND. IT SHOULD ALSO BE NOTED THAT THE PARTICULAR CASES WHICH HE IS INVOLVED ARE NOT EASY ONES. THEY REQUIRE HARD WORK, AND THE FULL RANGE OF CASE OFFICER EXPERIENCE IN ORDER TO PUSH THEM FORWARD. HIS RESPONSIBILITIES IN THE CI FIELD ARE EQUALLY DEMANDING. SUBJECT HAS MADE A VERY POSITIVE CONTRIBUTION TO THE WORK OF THIS STATION DURING THIS REPORTING PERIOD AND WELL DESERVES A RATING OF STRONG FOR HIS VARIOUS DUTIES AND A STRONG FOR HIS OVERALL PERFORMANCE.

5. COMMENTS BY REVIEWING OFFICER:

I CONCUR WITH THIS EVALUATION AND BELIEVE IT IS MOST COMPREHENSIVE AND OBJECTIVE. HAVING WORKED WITH SUBJECT DURING AN EARLIER PERIOD OF HIS CAREER WHEN HE WAS THEN A GOOD OFFICER (1970-72), I AM STRUCK BY THE REMARKABLE PROGRESS HE HAS MADE IN THREE KEY AREAS: OPERATIONAL THINKING AND ANALYSIS, WRITING, AND SOUND, PROFESSIONAL APPLICATION OF BASIC OPERATIONAL PRINCIPLES.

I AM DELIGHTED THIS HIGHLY CAPABLE, AGGRESSIVE OFFICER WILL BE REMAINING A THIRD YEAR AT THIS STATION AND LOOK FORWARD TO A MAJOR CONTRIBUTION FROM HIM IN MOST OPERATIONAL AREAS OF PRESENT PRIORITY CONCERN. RVN 13 NOV 99 DRV D9C.3.

END OF MESSAGE

CONFIDENTIAL

## CONFIDENTIAL

FITNESS REPORT				NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed.			
<b>SECTION A GENERAL INFORMATION</b>							
1. EMPLOYEE NUMBER		2. NAME (last, first, middle)		3. DATE OF BIRTH		4. SEX	5. GRADE
036130		Flores, Daniel		08/04/35		M	GS-13 DQG
7. OFFICIAL POSITION TITLE				8. OFF/DIV/BR OF ASSIGNMENT		9. CURRENT STATION	
Ops Officer				DDO/LA/COG		Hqs	
10. TYPE OF APPOINTMENT				11. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> CAREER PROVISIONAL	<input type="checkbox"/> RESERVE	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> 21-MONTH	<input type="checkbox"/> 30-MONTH	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> TEMPORARY	12. REPORTING PERIOD (From-to)		13. DATE REPORT DUE IN O.P.		
				1 Dec 76 - 30 Sep 77		31 October 77	
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							<b>RATING LETTER</b>
SPECIFIC DUTY NO. 1 Supervise the LA/COG/ and section which includes two operations officers, one intelligence analyst, and a secretary.							S
SPECIFIC DUTY NO. 2 As section chief, provide operational guidance and support to the field stations' efforts to develop and recruit Cubans in that area.							S
SPECIFIC DUTY NO. 3 Assume direct case officer responsibility for sensitive reporting sources, including TDY travel for debriefing purposes when the assets are available; developing leads for potential recruitment efforts against new targets.							S
SPECIFIC DUTY NO. 4 Coordinate with other area division desks and components to provide maximum support to Cuban operational activities in their respective field stations.							S
SPECIFIC DUTY NO. 5							<b>RATING LETTER</b>
SPECIFIC DUTY NO. 6							<b>RATING LETTER</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							<b>RATING LETTER</b> S

## CONFIDENTIAL

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position, keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for future action. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, supplies, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Mr. Flores came to the Cuba Operations Group from a brief assignment to the Office of Training. Prior to the OTR interim, Mr. Flores had been a COG case officer and was therefore familiar with its operational techniques. During this ten-month period under review, Mr. Flores served as a section chief with responsibilities for [ ] stations with a [ ] target ([ ] and [ ]) and [ ]. Mr. Flores was the only GS-13 officer to hold section chief responsibility, yet his performance compared favorably with that of the GS-14 section chiefs. As a section chief, Mr. Flores was supervisor for [ ] operations officers, [ ] intelligence analyst and a secretary. He was responsible for ensuring the prompt handling of correspondence to and from the field stations, and providing operational guidance and direction on matters pertaining to Cuban operations. His section was managed in a competent manner with Mr. Flores demonstrating his ability to delegate functional responsibilities.

The Cuba Operations Group also functions in a direct case officer capacity, and Mr. Flores frequently traveled TDY to handle cases. He was the operations officer for one particularly sensitive and productive [ ] reporting case. This required him to travel on short notice and to arrange for secure meeting and debriefing sessions of this reporting source.

Mr. Flores also traveled to [ ] on various occasions to meet with [ ] contacts and participate in developmental operations. One particular recruitment attempt required Mr. Flores to [ ] the

--CONTINUED--

## SECTION D

## CERTIFICATION AND COMMENTS

## 1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

Rating: [ ] File: [ ]

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

DC/LA/COG

Donald H. Winters

## 2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

HAVE NOT ATTACHED

## 3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject likes to operate. He is very practical, experienced, and realistic. He is, however, a little quiet and tends to accept things the way they are. While I have no doubt as to his skills, he may need a bit more management experience to learn how to make things move despite obstacles. He has done a fine job running the [ ] and [ ] section of Cuba Operations Group.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

C/LA/COG

Frederick W. Latrash

## 4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

CONFIDENTIAL



CONFIDENTIAL

FITNESS REPORT

Daniel Flores

NARRATIVE COMMENTS

cont.

[redacted], and to devise a secure and timely method of approach to the individual Cuban.

In comparing Mr. Flores' performance as an operations officer and as a supervisor, I believe his performance is somewhat stronger in the former capacity. Mr. Flores has all the attributes of an excellent case officer: he is aggressive, thinks operationally, and is fast on his feet in an operational situation. He is further aided by his fluency in Spanish and has on more than one occasion successfully [redacted]. During his TDY travels, he has repeatedly demonstrated dedication to the job at hand, willingness to work long hours, and a flexibility to handle all types of situations.

Mr. Flores is less enthusiastic when it comes to the paperwork and bureaucratic requirements of his position. While he is a good writer, he tends to handle his written tasks in a hurried manner and consequently, his work oftentimes requires review. He is also inclined to take the shorter and easier approach when handling the paper flow requirements. I mention these points not because they represent basic shortcomings, but simply to contrast them to his exceptionally high performance in his operations officer capacity.

In sum, Mr. Flores is an extremely experienced, competent and well motivated operations officer. His talent as a "street operator" with a keen sense for the human target has been amply demonstrated. He has now quite successfully been introduced to his first supervisory position and proven that he is competent for assignments of this nature. I believe Mr. Flores is capable of handling positions of increasing responsibility and should be given the opportunity to do so.

\* \* \*

CONFIDENTIAL

**SECRET**  
**CLASSIFICATION**

**FITNESS REPORT**

FITNESS REPORT					
<b>SECTION A GENERAL INFORMATION</b>					
1. EMPLOYEE NUMBER 036130	2. NAME (Last, first, middle) FLORES, Daniel	3. DATE OF BIRTH 4 Aug 35	4. SEX M	5. GRADE 12	6. DD FORM 17-1 (Rev. 9-68)
7. OFFICIAL POSITION TITLE Instructor Ops		8. OFF/DIV/BR OF ASSIGNMENT DDA/OTR/LTD	9. CURRENT STATION Hqs.	10. CODE (See back) <input checked="" type="checkbox"/> HQS <input type="checkbox"/> DP	
11. TYPE OF APPOINTMENT			12. TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> ANNUAL
				<input checked="" type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
13. REPORTING PERIOD (From-To) 22 June - 19 November 1976			14. DATE REPORT DUE IN O.P. N/A		
<b>SECTION B QUALIFICATIONS UPDATE</b>					
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD 'YES' IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD 'NO' IN THE BOX AT RIGHT.					
<b>SECTION C PERFORMANCE EVALUATION</b>					
<u>U-Unsatisfactory</u>		Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.			
<u>M-Marginal</u>		Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.			
<u>P-Proficient</u>		Performance is satisfactory. Desired results are being produced in the manner expected.			
<u>S-Strong</u>		Performance is characterized by exceptional proficiency.			
<u>O-Outstanding</u>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Conducts tutorial training in clandestine operational trade-craft skills for [redacted] as well as U.S. staff and contract personnel.					RATING LETTER S
SPECIFIC DUTY NO. 2 In collaboration with sponsoring Agency components prepares detailed training programs and schedules for the conduct of tailored tutorial and small-group training.					RATING LETTER S
SPECIFIC DUTY NO. 3 Evaluate trainee performance in each program and prepare final training reports, and as appropriate draft follow-up questionnaires for field evaluation of training effectiveness.					RATING LETTER S
SPECIFIC DUTY NO. 4 Participate in live problems and exercises as [redacted] and [redacted] as required and contribute to improvement in training materials and techniques.					RATING LETTER S
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Rate the overall performance of the employee who fulfills his assignment in his present position and in performance of specific duties previously reported on his career-long performance report. Such a basis and previous performance in other positions as well as knowledge of employee's overall performance during the rating period under the system is the rating best corresponding to the employee's actual performance. Indicate the level of performance.					

S E C R E T  
CLASSIFICATION

SECTION D NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated by current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain when it provides best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Mr. Flores joined the [redacted] Unit in mid-June 1976 and after a week's familiarization with training materials, aids and office routine of the Unit, he attended a two-week Instructor Training Workshop at the [redacted]. On completion of the Workshop, Subject returned to the Unit for further familiarization with the routine of the Unit, assisted in several [redacted] problems, and monitored a two-week training program which included active participation as a trainee himself in the SAI (or persuasion skills) portion of the program. Subsequently Mr. Flores assisted as a [redacted] in a brief but significant program involving the training of a [redacted] assisting the Agency in [redacted]. Mr. Flores then assisted another instructor in devising and conducting the first program this Unit has undertaken designed to teach [redacted] to Staff Employees who are deemed likely to be [redacted] of [redacted] and [redacted]. Mr. Flores then planned for, and from 12 October through 19 November conducted a tutorial training program in clandestine operations tech-

(continued)

SECTION E CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION <b>4 Months</b>	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE <b>17 January 1977</b>	OFFICIAL TITLE OF SUPERVISOR <b>Chief, ALT Unit</b>	TYPED OR PRINTED NAME AND SIGNATURE <b>Walter R. Cox</b>

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE <b>26 Jan 77</b>	SIGNATURE OF EMPLOYEE <i>[Signature]</i>
<input checked="" type="checkbox"/> HAVE ATTACHED	<input type="checkbox"/> HAVE NOT ATTACHED	

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in the ratings on specific duties and on the overall rating of STRONG for Mr. Flores. Although he was assigned to this Unit for a short period of time, he was proving to be a well qualified operations instructor. His home Division requested his return in order to give him a responsible position for which he was well qualified, and he should do well on that assignment.

DATE <b>19/1/77</b>	OFFICIAL TITLE OF REVIEWING OFFICIAL <b>Chief, ORALID</b>	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i>
1. EMPLOYEE HAS BEEN SHOWN THIS REPORT 2. EMPLOYEE HAS BEEN SHOWN THIS REPORT 3. EMPLOYEE HAS BEEN SHOWN THIS REPORT		

SECRET

Continuation of Section D of Fitness Report on Daniel Flores,  
GS-12, for period 22 June - 19 November 1976 -----

          niques for a [ ] who is scheduled to serve as an [ ]  
          [ ] in the [ ]

----- The first independent training task given to Mr. Flores was of a [ ] serving as an access agent, but this task was cancelled at the last minute when the concerned Base discovered grounds for field termination of the agent rather than providing tutorial training for the agent in the U.S. Mr. Flores was justifiably irritated at this turn of events which denied him what held promise for being a challenging initial training program.

----- It was with regret that we learned, early into what turned out to be Mr. Flores' only independent training program, that a priority requirement of his home-base Division would necessitate his return to Division duty soonest. The Division agreed to our request that Mr. Flores conclude the training program he had tailored, and begun, and Mr. Flores is to be commended for having done an exceptionally fine job in this assignment. The completion-of-training report was also well organized, and the questionnaire which asks for an evaluative follow-up from the trainee's field Station is to the point.

----- Early in his assignment Mr. Flores took over the maintenance and improvement of the Unit's operations training slides, consolidated them into an extremely functional package, and solicited ideas from other instructors to improve the package. Much to his credit and the Unit's benefit, Mr. Flores managed to persuade another Agency component to undertake--without charge--a major revamping of some of the slides using computer-designed art work to replace some of the less impressive early work in this field.

SECRET

CLASSIFICATION

## FITNESS REPORT

## SECTION A

## GENERAL INFORMATION

1. OFFICIAL POSITION TITLE Ops Officer		2. NAME (Last, First, Middle) Flores, Daniel		3. DATE OF BIRTH 4 Aug 35	4. SEX M	5. GRADE GS13	6. SU DOG
7. OFFICIAL POSITION TITLE Ops Officer		8. SUPERVISING OFFICER DDO/LA		9. CURRENT STATION Mexico City		10. CODE (CA, FI) HUS, VI	
11. TYPE OF APPOINTMENT				12. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL	
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> OTHER	13. REPORTING PERIOD (From-To) 15 Feb - 30 Sept 78		14. DATE REPORT DUE IN O.P.		

## SECTION B

## QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

## SECTION C

## PERFORMANCE EVALUATION

U—Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.
M—Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.
P—Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.
S—Strong	Performance is characterized by exceptional proficiency.
O—Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

## SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 SEE ATTACHED MEXICO CITY 47396 (IN 1584998) dtd 18 Nov 78	RATING LETTER
SPECIFIC DUTY NO. 2	RATING LETTER
SPECIFIC DUTY NO. 3	RATING LETTER
SPECIFIC DUTY NO. 4	RATING LETTER
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER

## OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, personal personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most closely reflects his level of performance.

RATING LETTER

FORM 45 10-77

CLASSIFICATION

12. IMPDET CL BY

## CLASSIFICATION

## SECTION D

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

24 10 50 AM '78

SEE ATTACHED.

HAR ROOM

## SECTION E

## CERTIFICATION AND COMMENTS

## 1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

Rating Officer Profile:

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

18 Nov 78

DCOS

Robert Berg /S/

## 2. BY EMPLOYEE

I HAVE ☐ OR HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

SIGNATURE OF EMPLOYEE

18 Nov 78

Daniel Flores /S/

## 3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

SEE ATTACHED.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

18 Nov 78

COS

Lawrence Sternfield /S/

## 4. BY EMPLOYEE

I CERTIFY I HAVE BEEN THE EMPLOYEE IN ALL SECTIONS OF THIS REPORT. I HAVE ☐ HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE.

DATE

SIGNATURE OF EMPLOYEE

18 Nov 78

Daniel Flores /S/

CLASSIFICATION

1042EYES ONLY

CONFIDENTIAL

FRD: . . . . .

EYES ONLY

DEFERRED TELEPOUCH

ACTION: C/LA-5 (593) INFO: WF, FILE, (7/A)

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TOW: 182031Z NOV 78

1584998  
MEXI 47396

C O N F I D E N T I A L 172250Z NOV 78 DEFERRED TELEPOUCH

CITE MEXICO CITY 47396

TO: WASHINGTON.

FOR: C/LA/PENS

SUBJECT: ADMIN/RVHAT/PERS/FITNESS REPORT FOR [REDACTED]

*Pen*

*Dan Flores*

1. GIVEN BELOW IS THE FITNESS REPORT ON SUBJECT FOR THE PERIOD 15 FEB - 30 SEPT 78. RATING ON SPECIFIC DUTIES AND NARRATIVE COMMENTS WERE PREPARED BY HAROLD O. CHAIDEZ, DCOS. REVIEWING COMMENTS WERE PREPARED BY JOEL N. NEBECKER, COS. SUBJECT WAS NOT SHOWN A COPY OF THIS REPORT AS HE DEPARTED STATION ON EMERGENCY LEAVE BEFORE THE REPORT COULD BE TYPED. A COPY WILL BE MADE AVAILABLE TO HIM IMMEDIATELY UPON HIS RETURN AND ANY STATEMENT BY THE EMPLOYEE WILL BE TELEPOUCHED TO HQS. A SIGNED COPY OF FORM 45A WILL BE POUCHED AT THAT TIME.

2. THE FOLLOWING INFO IS KEYED TO FORM 45A, SECTION A:  
1. 036130; 4. M; 5. GS-13; 6. DUG; 9. MEXICO CITY;  
10. CAREER; 11. ANNUAL; 12. 15 FEB-30 SEP 78.

3. SECTION B. PERFORMANCE EVALUTATION - SPECIFIC DUTIES:

1. DIRECTS THE ACTIVITIES OF A [REDACTED] MAN CI [REDACTED] TEAM RESPONSIBLE TO THE STATION, AND WHICH INCLUDES COORDINATING ALL RTACTION OPS INITIATED BY THE TEAM. RATING LETTER -- S.

2. RESPONSIBLE FOR TARGETTING CI OPERATIONS AGAINST [REDACTED] AND [REDACTED] IN MEXICO CITY. RATING LETTER -- S.

3. CASE OFFICER FOR [REDACTED]. RATING LETTER -- S.

4. COORDINATES SENSITIVE CE OPERATIONS RUN BY OTHER NUBLAZON AGENCIES WITH [REDACTED]. RATING

CONFIDENTIAL

*47*  
*9*

CONFIDENTIAL

DEFERRED TELEPOUCH

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LETTER -- S.

5. CONDUCTS OTHER LIAISON RELATED CI ACTIVITY AND PREPARES NECESSARY MEMORANDA AND REPORTS. STAING LETTER -- S.

OVERALL PERFORMANCE -- S.

4. SECTION C - NARRATIVE COMMENTS

THIS IS THE INITIAL REPORT WRITTEN ON SUBJECT AND COVERS A PERIOD OF SEVEN AND ONE-HALF MONTHS SINCE HIS ARRIVAL IN MEXICO IN FEB 78. SUBJECT HAS BEEN IN THE ORGANIZATION FOR OVER 16 YEARS AND SERVED TWO O/S ASSIGNMENTS PRIOR TO MEXICO CITY.

HIS PRIMARY DUTY IS TO SUPERVISE THE OPERATIONS OF A CI UNIT COMPOSED OF PERSONNEL SUPPLIED [ ] BUT WHICH IS UNDER THE OPERATIONAL DIRECTION OF THE STATION. THIS PARTICULAR UNIT REPRESENTS THE NUCLEUS OF THE STATION'S CI OPERATIONAL CAPABILITY. IT IS ALSO A STRONG CONTRIBUTOR TO STATION'S EFFORTS DIRECTED AGAINST THE HARD TARGETS IN THE FI FIELD. SUBJECT PARTICIPATES IN ALL LEVELS OF ACTIVITY WITH THIS UNIT FROM THAT OF A MANAGER TO SERVING AS AN OPERATIONS OFFICER. THE LEADERSHIP AND EXAMPLE WHICH HE SETS HAVE BEEN AN ESSENTIAL INGREDIENT IN THE SUCCESS ENJOYED BY THE UNIT IN RECENT MONTHS. IN APRIL 1978, THE STATION UNDERTOOK AN [ ] DIRECTED AT THE [ ]

[ ] OF A PRINCIPAL [ ] SUBJECT PARTICIPATED IN THE RECRUITMENT OF A [ ] WHO PROVIDED ACCESS TO THE TARGET INSTALLATION AND WAS SUBSEQUENTLY INVOLVED IN ALL ASPECTS OF THE OPERATION EXCEPT THE ACTUAL [ ] OF THE [ ] THIS SUCCESSFUL OPERATION WAS FOLLOWED BY ANOTHER ONE THE FOLLOWING MONTH, THIS TIME DIRECTED AT THE [ ] OF A [ ] TWO VALUABLE REPORTS WERE PRODUCED FROM THIS OPERATION ON THE POLICIES AND PLANS OF

A [ ] IN JULY, SUBJECT SUPERVISED THE RECRUITMENT OF AN AGENT WHO HAS ESTABLISHED ACCESS TO A [ ] A TECHNICAL OPERATION IS NOW UNDERWAY TO [ ]

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DEFERRED TELEPOUCH

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IN SEPTEMBER, ANOTHER OPERATION BEGAN AGAINST THE [ ] OF THE SAME PRINCIPAL ADVERSARY MENTIONED ABOVE SINCE A [ ] HAD BEEN ACQUIRED. AGAIN, SUBJECT PARTICIPATED IN THE RECRUITMENT OF THE [ ] OF THE [ ] AND IN OTHER PHASES OF THE OPERATION WHICH CONTINUE AT THIS TIME.

IN ADDITION TO THESE SPECIFIC OPERATIONS, THE CI UNIT ALSO CARRIES OUT A HOST OF [ ] AND OTHER WORK AS REQUIRED IN THE CI FIELD. SINCE MEXICO CITY SERVES AS PROBABLY THE PRINCIPAL BASE FOR OPERATIONS BY THE [ ] AND THE [ ] THE UNITED STATES, SELECTIVE TASKING MUST BE UNDERTAKEN TO OBTAIN MAXIMUM EFFICIENCY FROM THIS SMALL UNIT.

SUBJECT ALSO HANDLES [ ] OF THE CI UNIT, AND IS ALSO RESPONSIBLE FOR PROVIDING SUPPORT THROUGH THIS UNIT TO OTHER CI ACTIVITIES DIRECTED AGAINST [ ] AND [ ] IN MEXICO.

INDEED, THE FIRST PART OF HIS TOUR IN MEXICO HAS BEEN A BUSY ONE. THE STATION FINDS HIM TO BE AN ENERGETIC, VERSATILE, AND HIGHLY QUALIFIED OFFICER. HE HAS HANDLED THE PERSONNEL AND OPERATIONAL PROBLEMS WHICH HAVE SURFACED WITH HIS CI UNIT WITH TACT AND EFFICIENCY, AND HIS RAPPORT WITH HIS [ ] IS VERY GOOD. DURING RECENT CONVERSATIONS, [ ] HAVE EXPRESSED THEIR HIGH REGARD FOR SUBJECT'S ABILITIES.

HIS ABILITY TO [ ] AS A [ ] IS AN ADDED FACTOR IN HIS FAVOR AND PROVIDES HIM WITH A GREATER DIMENSION FOR OPERATIONS. THE STATION HAS USED SUBJECT ON OCCASION FOR [ ] OPERATIONS, BUT THIS USE MUST BE SELECTIVE IN ORDER NOT TO ADVERSELY IMPINGE UPON HIS PRIMARY WORK WITH THE CI UNIT.

SUBJECT IS VERY COST CONSCIOUSNESS IN THE USE OF STATION FUNDS AND EXTRACTS A HEALTHY RETURN FOR PROJECT MONIES USED TO SUPPORT THE WORK OF THE CI UNIT.

SUBJECT WELL DESERVES A RATING OF STRONG FOR HIS

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OFFICE OF CONFIDENTIAL

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VARIOUS DUTIES AND AN OVERALL STRONG FOR THIS REPORTING PERIOD. WE LOOK FORWARD TO A CONTINUED HIGH LEVEL OF PERFORMANCE DURING THE YEAR TO COME.

5. SECTION D.1. SUBJECT HAS BEEN UNDER MY SUPERVISION FOR SEVEN AND ONE-HALF MONTHS. D.3: COMMENTS BY REVIEWING OFFICIAL:

I FULLY CONCUR WITH THE NARRATIVE COMMENTS OF THE REVIEWER. SUBJECT HAS DISPLAYED A GREAT AMOUNT OF IMAGINATION AND ENERGY IN DIRECTING A DIFFICULT ACTIVITY NAMELY COUNTERINTELLIGENCE ACTIVITY THAT IS SEVERELY RESTRICTED BY ATTORNEY GENERAL GUIDELINES TO THE EXISTING EXECUTIVE ORDER. SUBJECT HAS DESPITE THIS BEEN ABLE TO KEEP A VERY POSITIVE THRUST TO HIS OPERATIONS AND HAS BEEN ABLE TO MOTIVATE THE AGENTS AND PERSONNEL UNDER HIS CONTROL. I AM TOTALLY SATISFIED WITH HIS ENERGY AND MOTIVATION. DESPITE THE FRUSTRATIONS INHERENT IN THE COUNTERINTELLIGENCE ACTIVITY HE CARRIES ON WITH A HIGH SPIRIT AND A TREMENDOUS AMOUNT OF GOOD WILL. NO MEAN ACHIEVEMENT AT THIS JUNCTURE OF AGENCY COUNTERINTELLIGENCE ACTIVITIES. E3, IMPDET.

END OF MESSAGE

CONFIDENTIAL

**SECRET**  
CLASSIFICATION

**FITNESS REPORT**

**SECTION A**

**GENERAL INFORMATION**

1. EMPLOYEE NUMBER 194737	2. NAME (Last, first, middle) Flores, Daniel	3. DATE OF BIRTH 4 Aug 35	4. SEX M	5. GRADE GS-12	6. SD D
7. OFFICIAL POSITION TITLE Operations Officer		8. OFF/DIV/BR OF ASSIGNMENT DDO/LA/COG	9. CURRENT STATION Headquarters		10. CODE (if any) X HQB. DP

11. TYPE OF APPOINTMENT				12. TYPE OF REPORT			
XX CAREER	RESERVE	CONTRACT	OTHER (Spec)	TEMPORARY	XX ANNUAL	REASSIGNMENT	SPECIAL

13. REPORTING PERIOD (from-to) 01 July 1975 - 30 June 1976	14. DATE REPORT DUE IN O.P. 31 July 1976
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**SECTION B**

**QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

**SECTION C**

**PERFORMANCE EVALUATION**

<b>U--Unsatisfactory</b>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.
<b>M--Marginal</b>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.
<b>P--Proficient</b>	Performance is satisfactory. Desired results are being produced in the manner expected.
<b>S--Strong</b>	Performance is characterized by exceptional proficiency.
<b>O--Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

<b>SPECIFIC DUTY NO. 1</b> Handle a sensitive and productive [ ] in Cuban operations via TDY travel to meet, debrief, and prepare operational/intelligence reports.	<b>RATING LETTER</b>  O
<b>SPECIFIC DUTY NO. 2</b> Review incoming operational correspondence from Latin America on Cuban matters and ensure that prompt response and helpful guidance is provided.	<b>RATING LETTER</b>  S
<b>SPECIFIC DUTY NO. 3</b> Maintain a thorough familiarity with all Cuban activities in Latin America and our operations against them; carry out coordination with other components where appropriate.	<b>RATING LETTER</b>  S
<b>SPECIFIC DUTY NO. 4</b> Develop leads against the Cuban target by [ ] and ultimately [ ] etc., of [ ] to obtain assessment data on the targets as well as use the leads in approaches to [ ].	<b>RATING LETTER</b>  O
<b>SPECIFIC DUTY NO. 5</b> Work closely with the IA's of the section to ensure that they answer all required correspondence and to stimulate them to be creative and productive.	<b>RATING LETTER</b>  S
<b>SPECIFIC DUTY NO. 6</b>	<b>RATING LETTER</b>

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

**RATING LETTER**  
  
S

**SECRET**  
CLASSIFICATION

**SECTION D****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

This officer has worked under my supervision for approximately six months. This is the first fitness report I have prepared on him. After two field tours and his current assignment to Cuba Operations Group, he has developed into a solid and professional operations officer with the skills we hope our employees will develop. He is now highly motivated and creative in his work. He has demonstrated, particularly in recent months, a gratifying degree of drive and interest.

He has handled one of our most productive and sensitive [ ] assets. With his guidance this agent has produced, within the past six months, some of the highest quality intelligence on [ ] and [ ] this Agency has obtained. Because this agent must be serviced via TDY travel, the responsible case officer must be able to work with very little guidance and have the tradecraft skills and reports writing ability to work largely on his own. With this case Mr. Flores has demonstrated himself to be a first-class agent handler, highly attuned to operational information and quality intelligence production.

As Section Chief I have relied upon him heavily to provide the institutional memory our work demands. He has full grasp of all operations directed against [ ] not only in those countries under his direct responsibility, but throughout Latin America. Since all of the officers in this section [ ] and [ ] agents, Mr. Flores has frequently acted as Section Chief during the absence of the other [ ] officers, a GS-14 position. He has been able to handle the job well both

**SECTION E****CERTIFICATION AND COMMENTS****1. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

C/LA/COG [ ]

**2. BY EMPLOYEE**

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

HAVE NOT ATTACHED

**3. BY REVIEWING OFFICIAL****COMMENTS OF REVIEWING OFFICIAL**

I agree with the ratings given by the rating officer. Mr. Flores is indeed a fine operations officer and should have an exceptionally successful career in operations. The only weakness in him that I have ever noted is an occasional lack of drive and self-motivation and as noted by the rating officer, particularly in recent months, he seems to have cured this and has indeed been going at a fast pace.

Mr. Flores is leaving Cuba Operations Group for a rotational tour in the Office of Training. I believe that when he finishes this tour, he should return for an operational assignment in the Latin America area. He is an exceptionally fine case officer, has a native command of Spanish, and has a way of dealing with his agents that gets the most out of them. Future tours for him should involve supervision of younger case officers and he should begin to move into the managerial aspects of operations.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

Chief, LV/COG

**4. BY EMPLOYEE**

I CERTIFY THAT I HAVE BEEN THE EMPLOYER IN ALL SECTIONS OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

CLASSIFICATION

## S E C R E T

## FITNESS REPORT

Daniel Flores

cont.

## SECTION D

in terms of paper flow and personnel administration. He demonstrates an ability to advance further along these lines. Also during the period under review he participated in an approach against the [redacted] of [redacted] in a Latin America country. Although the recruitment effort was not successful, it was conducted in a professional manner and Mr. Flores used an [redacted] in a very effective manner.

He has been perhaps the most aggressive officer in the Cuba Operations Group in pursuing leads for interviews of [redacted], and acquaintances [redacted]. During the period under review he conducted at least [redacted] such interviews and developed good assessment data on various targets.

As a native Spanish speaker, Mr. Flores has the ability to [redacted] as a [redacted] and has successfully carried out roles as a [redacted] citizen, [redacted]. This ability to [redacted] has been of great assistance in handling the key case he relinquished only on leaving LA/COG.

Mr. Flores has now overcome an earlier reluctance to be aggressive which former supervisors might have noted. I am confident he will maintain and build further on what I have found to be a highly improved sense of enthusiasm. I am sure he will be a strong contributor to his new component.

\* \* \*

No. 3

He is an officer who merits further responsibility and one who should continue to rise in rank as he assumes these additional responsibilities. It has been a pleasure to work with him and I should like to do so with him in the future.

S E C R E T

E2 IMPDET  
CL BY 025231

~~SECRET~~  
CLASSIFICATION

FITNESS REPORT										
<b>SECTION A GENERAL INFORMATION</b>										
1. EMPLOYEE NUMBER <b>194737</b>		2. NAME (last, first, middle) <b>Flores, Daniel</b>			3. DATE OF BIRTH <b>4 Aug 35</b>		4. SEX <b>M</b>		5. GRADE <b>GS-12</b>	
6. OFFICIAL POSITION TITLE <b>Ops Officer</b>		7. OFF/DIV BR OF ASSIGNMENT <b>DDO/LA/COG</b>			8. CURRENT STATION <b>Washington, D.C.</b>		9. CODE (if any) <b>X</b>		10. DP <b>DP</b>	
11. TYPE OF APPOINTMENT					12. TYPE OF REPORT					
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL			
13. REPORTING PERIOD (from-to) <b>1 October 1974 - 30 June 1975</b>					14. DATE REPORT DUE IN O.P. <b>31 July 1975</b>					
<b>SECTION B QUALIFICATIONS UPDATE</b>										
If QUALIFICATION'S UPDATE FORM IS BEING SUBMITTED WITH CHANGES AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.										
<b>SECTION C PERFORMANCE EVALUATION</b>										
<p><b>U--Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M--Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P--Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S--Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O--Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>										
<b>SPECIFIC DUTIES</b>										
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).										
<b>SPECIFIC DUTY NO. 1</b> Case Officer for COG's Latin America area responsible for operational support of LA field Stations Cuba programs.								RATING LETTER <b>S</b>		
<b>SPECIFIC DUTY NO. 2</b> Case officer for two sensitive <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> operations.								RATING LETTER <b>S</b>		
<b>SPECIFIC DUTY NO. 3</b> Develop leads to potential Cuban recruitment targets and personally interview prospective access agents.								RATING LETTER <b>S</b>		
<b>SPECIFIC DUTY NO. 4</b> Supervisor for one Intelligence Analyst								RATING LETTER <b>S</b>		
<b>SPECIFIC DUTY NO. 5</b>								RATING LETTER		
<b>SPECIFIC DUTY NO. 6</b>								RATING LETTER		
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>										
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.								RATING LETTER <b>S</b>		

## CLASSIFICATION

## SECTION D

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training, foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and self-consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

LA/COG is both a Headquarters and an active opera-

As such, Mr. Flores assignment is a combination

His performance is being rated in both capacities which means that much higher criteria is being applied than for most Headquarters officers.

Mr. Flores has proved to be a professional agent handler, and has been used very effectively in new, sensitive operations Headquarters. Although he did not participate in the recruitment of these sources, Mr. Flores was brought in to provide initial training, and detailed guidance necessary to develop the new assets into reporting sources. One was a complicated case of a who Mr. Flores helped debrief, then trained and. The other was a successful of a source with excellent access to the. Mr. Flores' job, after being introduced by the recruiting officer, is to make the source into a fully controlled asset and maximize the excellent potential for intelligence information.

## SECTION E

## CERTIFICATION AND COMMENTS

1. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 8 August 1975	OFFICIAL TITLE OF SUPERVISOR ADC/LA/COG	TYPED OR PRINTED NAME AND SIGNATURE M. Michael Kline

2. BY EMPLOYEE		
STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE	SIGNATURE OF EMPLOYEE
<input type="checkbox"/> HAVE ATTACHED <input type="checkbox"/> HAVE NOT ATTACHED	9 Aug. 1975	[Signature]

3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
LA/COG has operations officers performing duties similar to those assigned to Mr. Flores--Case officer responsible for recruiting/handling agents directed against a hard target and also staff duties as a Desk Chief. These tasks are the Latin America Division as these officers serve as and also as Headquarters desk officers. All are handled by these employees. I would rank Mr. Flores in the middle of this group, but it must be taken into consideration that all the other officers are senior in grade.		

DATE 8 August 1975	OFFICIAL TITLE OF REVIEWING OFFICIAL AC/LA/COG	TYPED OR PRINTED NAME AND SIGNATURE Thomas G. Clines
BY EMPLOYEE		SIGNATURE OF EMPLOYEE
I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT		9 Aug. 1975 [Signature]

CLASSIFICATION

SECRET

-2-

#### Continuation of Section D

His professional, no-nonsense handling has already contributed to highly significant information (a value quotient of 7.0 with one XX report) on some of the Agency's current Cuba priorities including Cuba's negotiating attitude vis-a-vis the U.S.

In his capacity as Desk officer for field stations in Latin America, Mr. Flores is charged with providing guidance and support aimed at recruitment operations against [redacted]. He has conducted interviews of [redacted] in the U.S. and initiated a promising [redacted]. He supervises [redacted] intelligence analyst and, together, they effectively ensure timely response to field requests and help stations to identify operational opportunities, recruitment targets and--where necessary--keep them aware of the priority of the Cuban target.

By his performance, Mr. Flores has demonstrated he is a versatile case officer with good operational instincts; he is showing increasing aggressiveness and imaginative support of field stations in their efforts to [redacted]. While he is an excellent agent handler who gets maximum intelligence production from his assets, he is less thorough when handling the administrative details involved in his operations. He needs more supervisory experience, and still tends to rely excessively on his IAs to search for operational leads and conduct operational research.

Mr. Flores was sponsored by the Division, and attended the mid-career course in November 1974. He has excellent potential for further advancement in the Division and has been a significant factor in LA/COG's success over the last year in developing access to Cuba, a recognized hard target.

#### Continuation of Section E

Subject excels as an agent handler motivating his agents and disciplining them when required to obtain quality intelligence. He handles [redacted] of LA/COG's most sensitive [redacted] and during this period, he has met these [redacted] in [redacted] and in [redacted]. He has certainly targetted these [redacted] agents against priority objectives and the intelligence produced has been of vital interest to U.S. Government policymakers in this delicate period of Cuban negotiations. Latin America Division has received commendations from

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Continuation of Section E

the intelligence community for reports acquired through Mr. Flores. Subject's staff duties include desk chief responsibilities for support and guidance to field programs including the research and targetting required to conduct an effective recruitment program. Although such duties requiring supervision are new to him, he is also making progress in this capacity. With proper guidance and assistance, he will develop into a most effective supervisor.

Mr. Flores native fluency in Spanish and his Latin background have proven most valuable to Cuban operations. In fact he represents himself as [redacted]. For an officer his grade, he is very mature, self assured, has good common sense and is certainly a professional. Subject has completed two tours in the field and is an experienced ops officer. He is intelligent, imaginative, uses good tradecraft at all times and has a clear headed approach to the business. He expresses himself well orally and in writing, and works very well with other case officers. Mr. Flores keeps up to date on political, economic and social affairs pertaining to Cuba and he willingly accepts difficult tasks requiring frequent separations from his family.

Subject definitely has potential. He is operationally aggressive and is gaining experience as a manager. Mr. Flores is already performing at a higher level than his grade. In approximately a year, he should be again dispatched to the field as a senior officer responsible for handling [redacted] or [redacted] targets. During the next reporting period, Mr. Flores should receive training in supervision. He is a solid performer in the Cuban Operations Group and has contributed much to our successes during the past year.

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SECRET

CLASSIFICATION

## FITNESS REPORT

SECTION A		GENERAL INFORMATION			
1. EMPLOYEE NUMBER 194737	2. NAME (Last, first, middle) Flores, Daniel	3. DATE OF BIRTH 4 Aug 35	4. SEX M	5. GRADE GS-12 D	6. SD
7. OFFICIAL POSITION TITLE Ops Officer		8. OFF. DIV BR OF ASSIGNMENT DDO/LA/COG	9. CURRENT STATION Washington, DC		10. CODE (ch one) X HQS OF
11. TYPE OF APPOINTMENT			12. TYPE OF REPORT		
CAREER	RESERVE	CONTRACT	OTHER (Spec)	TEMPORARY	X ANNUAL
			REASSIGNMENT		
13. REPORTING PERIOD (from-to) 5 March 1974 - 30 September 1974			14. DATE REPORT DUE IN O.P.		

SECTION B		QUALIFICATIONS UPDATE	
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.			

SECTION C		PERFORMANCE EVALUATION	
U—Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.		
M—Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.		
P—Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.		
S—Strong	Performance is characterized by exceptional proficiency.		
O—Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.		

## SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1	RATING LETTER
Primary case officer for a sensitive	S
SPECIFIC DUTY NO. 2	RATING LETTER
Provide operational support and guidance for Cuban operations conducted by LA Division Stations.	P
SPECIFIC DUTY NO. 3	RATING LETTER
Direct and supervise Intelligence Assistants assigned to specific areas of responsibilities.	S
SPECIFIC DUTY NO. 4	RATING LETTER
Desk case officer for access agents and support assets in LA Division Stations' Cuban operations.	S
SPECIFIC DUTY NO. 5	RATING LETTER
Search for leads in the U.S. for LA Division Cuban operations and personally debrief and exploit further exploitation.	S
SPECIFIC DUTY NO. 6	RATING LETTER
	C

## OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.	RATING LETTER S
--	--------------------

FORM 45

CLASSIFICATION

12. IMPDET CL BY

## CLASSIFICATION

## SECTION D

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

In a very short time, Mr. Flores has become an important factor in LA/COG's efforts to directly handle Cuban [redacted], and to expand its recruitment program. His fluent Spanish, past operational experience, versatility and ability to [redacted] in most Latin American countries, make him highly qualified for his present assignment. He demonstrates sound operational judgment under often trying conditions, and good ability to communicate effectively both orally and in writing. His frequent TDYs demand long and unusual hours, which he gives ungrudgingly.

Almost immediately after his assignment to LA/COG in March 1974, Mr. Flores was called upon to handle a sensitive [redacted] case. The agent had already been recruited and many of the developmental aspects of the case had been resolved prior to Mr. Flores' introduction, but it still required a Headquarters based case officer to provide the necessary continuity wherever the agent [redacted]. The case is complicated and time-consuming, involving extended TDYs and utmost adherence to good tradecraft procedures. It has developed into one of our most productive sources of [redacted].

## SECTION E

## CERTIFICATION AND COMMENTS

(cont'd)

## 1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

10 NOV 1974

OFFICIAL TITLE OF SUPERVISOR

LA/COG/OPS

TYPED OR PRINTED NAME AND SIGNATURE

## 2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

6 Nov 1974

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

HAVE NOT ATTACHED

## 3. BY REVIEWING OFFICIAL

## COMMENTS OF REVIEWING OFFICIAL

I concur with the rating officer's comments and performance evaluation. Soon after his arrival at LA/COG, Mr. Flores took over the handling of a sensitive agent. While the agent's bona fides had already been established and his modus operandi determined, considerable ad hoc judgement and direction were required to continue the agent's motivation and ensure his viability. Mr. Flores did extremely well in his guidance of the agent in a series of complicated, extended meetings which took place in [redacted]. Good, professional tradecraft and sound judgement were exhibited by Mr. Flores.

As to his support of LA Station efforts against the Cuban target,

DATE

16 NOV 74

OFFICIAL TITLE OF REVIEWING OFFICIAL

DC/LA/COG

TYPED OR PRINTED NAME AND SIGNATURE

(cont'd)

## 4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

6 Nov 1974

SIGNATURE OF EMPLOYEE

CLASSIFICATION

FITNESS REPORT - Daniel Flores

SECTION D (CONTINUED)

activities in Latin America, due largely to Mr. Flores' professionalism.

Mr. Flores' current assignment is a combination of operational and Headquarters desk responsibilities, the latter calling for the support of field stations in their efforts to develop individual Cuban recruitment programs. His extended TDYs have understandably prevented Mr. Flores from devoting much time to his desk responsibilities and it is somewhat difficult to judge his performance as a desk officer. He has a good grasp of what needs to be done, and his handling of specific tasks indicates good managerial potential. Nevertheless, he does need additional desk experience, especially in areas which will allow him to use his operational ability to support and guide field stations that are developing Cuban operational programs.

COMMENTS BY REVIEWING OFFICIAL (CONTINUED)

this aspect of his performance was less noteworthy, and it is believed more attention and research could have been given to this activity. Mr. Flores writes concisely and well, and his CI/CE instincts are sharp and true. He can be expected to turn in a solid desk performance in the future.

## CONFIDENTIAL

FITNESS REPORT				NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed.			
<b>SECTION A. GENERAL INFORMATION</b>							
1. EMPLOYEE NUMBER <b>194737</b>		2. NAME (last, first, middle) <b>Flores, Daniel</b>		3. DATE OF BIRTH <b>4 Aug 35</b>		4. SEX <b>M</b>	5. GRADE & SD <b>GS-12 D</b>
7. OFFICIAL POSITION TITLE <b>Ops Officer</b>			8. OFF/DIV/BR OF ASSIGNMENT <b>DDO/WH/Br 3</b>		9. CURRENT STATION		
10. TYPE OF APPOINTMENT				11. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> CAREER PROVISIONAL	<input type="checkbox"/> RESERVE	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> 21 MONTH	<input type="checkbox"/> 30-MONTH	<input checked="" type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> TEMPORARY	12. REPORTING PERIOD (From to) <b>31 May 73-4 March 74</b>		13. DATE REPORT DUE IN O.P.		
<b>SECTION B. PERFORMANCE EVALUATION</b>							
<p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S—Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O—Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 <b>Station officer responsible for operations against the MPCHEEK target</b>						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 2 <b>Direction of and support for an [ ] and the [ ]</b>						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 3 <b>Case officer responsible for a [ ] team</b>						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee as an individual in his current position and as performance of specific duties. Consider his past or job accomplishments, potential for growth or future, and particular limitations or talents. Based on your knowledge of employee as a whole and performance during the rating period, place the letter in the rating box corresponding to the employee which most closely reflects his level of performance.						RATING LETTER <b>S</b>	

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CONFIDENTIAL

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**OFFICE "CONFIDENTIAL"**

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject's tour in [ ] has been cut short by the serious illness of his daughter. As a result of this illness it was also necessary for him to spend the months of December and January on emergency leave in the United States, returning without his family in February in order to transfer his ops workload and pack out his personal effects for PCS transfer to Headquarters on 4 March.

Although the undersigned had the privilege of working with Subject only briefly, as rating officer he had the advantage of taking over handling of most of Subject's cases following the departure on emergency leave. Thus he was able to observe first hand and in detail the human material with which Subject had worked, the progress he had made in developing their access and capabilities, and the respect these agents had for him.

During the period covered by this report, Subject continued his pursuit of the MPCHEEK target as his primary operational responsibility. He developed and recruited a [ ] of the [ ] MPCHEEK [ ] to the MPCHEEK [ ] and handled [ ] He also handled a [ ] and the Station's [ ] via a [ ] who in turn handled [ ]

(Continued)

**SECTION D**

**CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 4 Mar 74	SIGNATURE OF EMPLOYEE /s/ Daniel Flores	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 4 Mar 74	OFFICIAL TITLE OF SUPERVISOR DCOS	TYPED OR PRINTED NAME AND SIGNATURE /s/ Arthur T. Ladenburg
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>As the rater makes clear, Subject will be missed in [ ] and we can only sympathize with the reasons why he must now leave. He was doing the Station a great deal of good and advancing his own career nicely as well. It is worth recalling that Subject provided here in [ ] over what we understand is still a unique operational feat, a [ ] to an MPCHEEK [ ]. Also, Subject was often used on a variety of operational tasks having little to do with his assigned targets because, in the</p>		
(Continued)		
DATE 4 Mar 74	OFFICIAL TITLE OF REVIEWING OFFICIAL COS	TYPED OR PRINTED NAME AND SIGNATURE /s/ Richard S. Welch

**CONFIDENTIAL**

## CONFIDENTIAL

Continuation of Narrative Comments

In carrying this heavy workload, Subject demonstrated that he is a superior agent handler. He succeeded in conveying to these people a sense of mission and participation which has kept their morale and motivation, and hence their production, at a high level. He also insisted upon work and security discipline, with a result that the record of these agents in prompt and reliable appearance for meetings and in responding in writing to requirements is extraordinarily good. They all have a clear idea of what is expected of them, confidence that performance will be rewarded and conversely that non-performance will not be tolerated. Just prior to his departure, Subject successfully terminated an entire [redacted] of long standing, a measure which was decided upon simply because the [redacted] had been heavily used [redacted] and from a security standpoint replacement seemed to be in order. Letting old agents go is always a delicate and usually a thankless task. It takes finesse and bargaining skill. Subject showed these and more in divesting us of the team without a hitch.

During his last month in [redacted], despite the fact that he was burdened with the problems of closing out his household and the normal operational and administrative cleanup prior to PCS departure, Subject made two very significant contributions to Station objectives. First, he coordinated with the [redacted] the official but necessarily [redacted] visit of a senior BKHERALD officer. Since the Station is [redacted] Subject had to maintain his [redacted] throughout, further complicating this delicate assignment. During the visit, he coordinated frequently with the head of the [redacted] and with the chief administrative aide of the [redacted]. He also participated directly in one meeting with the [redacted]. This was of course not the type of assignment which would normally be entrusted to a "junior officer", but Subject is junior only in relative grade, certainly not in maturity, self-assurance or judgment. Then with only three days left in [redacted] Subject led an [redacted] which entered a building recently purchased by the HPCHEEKS, remained for a [redacted] and made two apparently excellent [redacted].

The Station will miss Subject a great deal. As the above incidents demonstrate, when the tough or sensitive assignments came up, he was the officer we turned to most frequently. He never balks, argues inconvenience, or seeks the way out. He is cooperative, helpful, and in a low-key way is always effective. We hope he will not object to the term "old reliable" -- he has been that in [redacted], and more.

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Continuation of Comments of Reviewing Officer

first instance he was bilingual and could fade into the  background. But he would not have been so regarded if he had not shown ample good sense, zeal, and balanced judgment in unfamiliar situations. We hope Subject can get overseas again within a reasonable time and consider that the Station that gets him will be fortunate.

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## CONFIDENTIAL

FITNESS REPORT				NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed.			
<b>SECTION A. GENERAL INFORMATION</b>							
1. EMPLOYEE NUMBER <b>036130</b>		2. NAME (last, first, middle) <b>Flores, Daniel</b>		3. DATE OF BIRTH <b>4 Aug 35</b>		4. SEX <b>M</b>	
				5. GRADE <b>GS11</b>		6. SD <b>D</b>	
7. OFFICIAL POSITION TITLE <b>Operations Officer</b>				8. OFF/DIV/BR OF ASSIGNMENT <b>DDO/WH/3</b>		9. CURRENT STATION <b></b>	
10. TYPE OF APPOINTMENT				11. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> PROVISIONAL	<input type="checkbox"/> RESERVE	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> 21 MONTH	<input type="checkbox"/> 30 MONTH	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL*	<input type="checkbox"/> TEMPORARY	12. REPORTING PERIOD (From-to) <b>1 July 1972-31 May 73</b>		13. DATE REPORT DUE IN O.P. <b></b>		
<b>SECTION B. PERFORMANCE EVALUATION</b>							
<p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S—Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O—Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 <b>Station officer responsible for operations against the MPCHEEK target.</b>						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 2 <b>Handler for sensitive <span style="border: 1px solid black; padding: 0 20px;"> </span></b>						RATING LETTER <b>O</b>	
SPECIFIC DUTY NO. 3 <b>Supervise principal agent</b>						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 4 <b>Miscellaneous operational support activity, including direction of a <span style="border: 1px solid black; padding: 0 20px;"> </span> team.</b>						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 5 <b></b>						RATING LETTER <b></b>	
SPECIFIC DUTY NO. 6 <b></b>						RATING LETTER <b></b>	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular commendations or reprimands. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER <b>S</b>	

FORM 45N

CONFIDENTIAL

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## CONFIDENTIAL

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide background for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>Following realignment of Station officer assignments last year, Subject was given the responsibility for operations against the MPCHEEK "hard target". He also assumed additional tasks in more traditional areas, such as coverage of the [redacted] of the [redacted], and [redacted]. The breadth of these operational commitments attests Subject's professional ability and versatility. (This would be a senior case officer's load by any description and Subject's performance at it was the reason behind our recommendation for accelerated promotion last year.) Particularly against the difficult MPCHEEK target, this officer has displayed admirable determination despite the inherent frustrations and disappointments of working against this remote and suspicious group. During the period under review, his job has been the more difficult since the MPCHEEKs, in all probability [redacted] Station [redacted] (in which Subject played a major role), have withdrawn into a defensive shell which makes access operations verge on the impossible. Nevertheless, he has continued to probe their defenses, and has managed to develop [redacted] leads which, with the exercise of patience and application of his proven operational resources, could eventually [redacted] to the [redacted] MPCHEEK Mission here. This officer refuses to become discouraged, a quality officers working on hard targets must have.</p> <p>Special mention is made of Subject's successful bid to make recontact and establish regular meetings with a valuable penetration of the revolutionary government. The agent had broken contact with his former handler in the belief that such action was dictated by his security situation. Our choice of Subject to attempt to recontact this asset was dictated by his experience in dealing with skittish [redacted] and our belief that Subject could bring it off with tact, reading the situation. /CONTINUED/</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
28 June 1973	/s/ Daniel Flores		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
20			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
28 June 1973	Deputy Chief of Station	/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>As described, this officer is a steady and solid performer who carries a major case load securely, productively, and without complaint. He has even volunteered to take on additional work when he has seen opportunities to help the Station's overall mission. Because he [redacted] he is often drafted for all kinds of ad hoc operational work. This is invariably well done. He is operationally aggressive but also shows lively awareness of the tricky operational climate here and does not push beyond what the traffic will bear. His agents respect his seriousness, which permits him to get more utility out of them. He is a pillar of this Station.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
2 July 1973	Chief of Station	/s/ Richard S. Welch	

CONFIDENTIAL

## C O N F I D E N T I A L

Section C continued.....

as it developed, and make appropriate on-the-spot adjustments to control the asset's reactions. All this had to be accomplished with great regard to security because of the [redacted]. Subject's performance has been effective and, given the operation's importance, can really be called outstanding. The agent is again a prime source on the [redacted], which is crucial to developments locally.

Further, this officer continues to manage an [redacted] agent who in turn [redacted] and [redacted] assets, so directing these efforts that they contribute effectively to overall Station objectives. More recently, Subject has taken over the [redacted] of a new [redacted] targetted against a senior [redacted] and is carrying it through successfully. This officer also handles much of the support requirements for his various operations, including management of [redacted], overseeing a small [redacted], and acquisition of rental cars and property [redacted]. There is little doubt that some of Subject's success can be attributed to his Latin background and fluent Spanish. But both of these advantages might be wasted by a less capable all-round officer. In his case, they provide him with complementary skills that enhance his superior performance. In the view of the reporting officer, Subject carries more than his own share here in [redacted] in a manner normally calling for an officer of considerably more senior grade and experience.

C O N F I D E N T I A L

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				036130			
<b>SECTION A - GENERAL</b>							
1. NAME (Last) Flores		(First) Daniel		2. DATE OF BIRTH 4 Aug 1935		3. SEX M	
				4. GRADE GS-11		5. SD D	
6. OFFICIAL POSITION TITLE Ops Officer				7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/3			
8. CHECK (X) TYPE OF APPOINTMENT				9. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 31 August 1972				12. REPORTING PERIOD (From - to) 24 September 1971 - 30 June 1972			
<b>SECTION B - PERFORMANCE EVALUATION</b>							
<b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.							
<b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.							
<b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.							
<b>S-Strong</b> Performance is characterized by exceptional proficiency.							
<b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Direction of and administrative support for principal agents whose efforts he directs [redacted] and [redacted]						RATING LETTER S	
SPECIFIC DUTY NO. 2 Coordinator of all Station operations against the [redacted], including management of the project covering this activity.						RATING LETTER S	
SPECIFIC DUTY NO. 3 Case officer in charge of the Station's [redacted]						RATING LETTER P	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">           EXEMPT FROM RECENT DECLASSIFICATION            OF E.O. 11652, 1 FEB 68            S 55(1) (C)            AUT.         </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">           IMPDET            (VARIABLE DECLASSIFICATION, EXEMPT FROM E.O. 11652)         </div>							
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER S	

SECRET

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>In the period of this report, Subject established himself and his family at this post and undertook the direction of the Station's operations against the [ ] which had formerly been handled by an officer two grades senior to Subject. He has proved equal to the task. He learned his new assignment rapidly and adapted well to the handling of his cases through [ ] agents, a security requirement of the [ ] which can be frustrating for an aggressive officer with fluent Spanish such as Subject. However, he has shown maturity and superior handling ability in directing his assets against the [ ] and particularly the [ ]. His intimate knowledge of the [ ] enabled him to plan secure contact with a [ ] who at first appeared genuine. After thoroughly debriefing this individual, drawing upon his knowledge of the [ ] Subject was able to recommend no continuing contact with him due to specific fabrications on the part of the [ ].</p> <p>He is careful in management of funds entrusted to him for his operations and provides required administrative and operational reports in a timely manner. There have been past comments on Subject's weakness in writing. He has worked hard on this, and the rating officer feels that he is now competently producing the reports required. Subject understands that this is an area that requires continuing attention for a growing professional.</p> <p style="text-align: right;">/CONTINUED/</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
15 August 1972	/s/ Daniel Flores		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
10			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
15 August 1972	Deputy Chief of Station	/s/ [ ]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Subject has come up the hard way, both in pushing on to finish his education and in BKTRUST. As a result he is way under-graded for his maturity and for his operational contributions. That we have given Subject a major responsibility here (STPAGODA) attests to how much confidence we have in him and his ability. He is, of course, bi-lingual and mixes well with [ ] an advantage he uses well. A good "street" operator, he still has a way to go in organizing his paper work and in relating to HQ needs.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
15 August 1972	Chief of Station	/s/ Richard S. Belch	

SECRET

SECTION C continued.....

A comment must be made on Subject's great ability to adjust rapidly to one-time and target of opportunity assignments. His performance in meeting with [ ] high level agents of [ ] who had to be met during stays in [ ], and his on-site assistance in an [ ] against a priority target have been of the highest order. No doubt his fluent Spanish greatly assisted him in these tasks, but his experience and good judgment were major factors in his excellent performance in the role of utility operations officer.

To exploit Subject's talents to the fullest, and provide him with the professional challenge equal to his ability, he has now been assigned the management and handling of the difficult [ ], a top priority for the Station. This is a true measure of our confidence in him.

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036139	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
Flores, Daniel			08/04/35	M	GS-10 D
6. OFFICIAL POSITION TITLE			7. OFFICER OF ASSIGNMENT 8. CURRENT STATION		
Ops Officer			DDP/WH/3 Hqs		
9. CHECK TYPE OF APPOINTMENT			10. CHECK TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> SPECIAL (Specify): <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 October 1971			1 May 1971 - 30 September 1971		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p style="text-align: center;">AUG 17 2 17 PM '71</p> <p>Mr. Daniel Flores completed his first tour in Guayaquil and departed the field on 28 May 1971. Following home leave, Mr. Flores returned to Headquarters in August for approximately two months training prior to his next assignment to [redacted]. This training included Weapons Familiarization and Defensive Driving, CA, [redacted], Communist Party, TSD briefings, and on-the-desk Reports Writing Familiarization.</p> <p>Since Mr. Flores has been on leave or training status for most of this reporting period, no meaningful rating can be given.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
	employee in training		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
16 August 1971	WH/Personnel Officer	John Forgyon	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE		

SECRET



## SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				036130			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. ID
Flores, Daniel			4 Aug 1935		M	III-10	D
6. OFFICIAL POSITION TITLE			7. OFF. OR BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/NH/3				
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 October 1970/30 April 1971			
<b>SECTION B PERFORMANCE EVALUATION</b>							
U-Unsatisfactory		Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
M-Marginal		Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.					
P-Proficient		Performance is satisfactory. Desired results are being produced in the manner expected.					
S-Strong		Performance is characterized by exceptional proficiency.					
O-Outstanding		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Case Officer responsible for a Base project targetted against the						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Case Officer responsible for a sensitive technical operation including the selection of intelligence resulting from the operation.						O	
SPECIFIC DUTY NO. 3						RATING LETTER	
Development of new agent assets.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Preparation of dispatches, intelligence reports and other correspondence pertinent to his area of responsibility.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>There has been little change in Subject's performance since the submission of his last report covering the period through 30 September 1970.</p> <p>The highpoint of his activities during this period, as it has been throughout his tour, has been his management of a sensitive technical operation which has been a consistent producer of unique and high level intelligence. This has been a good performance on Subject's part indicative of his professional capability to conduct clandestine operations.</p> <p>Subject's writing ability has improved during this period, and there is little doubt that his efforts in this regard are paying off. Further experience should see continued improvement of his writing skills.</p> <p>As Subject's first tour comes to a close he can look back on a generally strong performance in all phases of his operational activity on behalf of the Base's objectives.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
3 May 1971	/s/ Daniel Floros		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
20			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
3 May 1971	COB, <input type="text"/>	/s/ Robert Farbrini	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the ratings and remarks of the supervisor. During his first tour abroad, Subject has done very well in his main fields of activity. His outstanding attribute at the moment is his persistence not only in going after operational targets but also in improving himself. He has encountered some difficulty in presenting his ideas in written form but he has faced up to this problem and, as the rating officer notes, has made significant improvement.</p> <p style="text-align: right;">(Continued)</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
17 May 71	COS, Quito	/s/ Paul V. Harwood	

SECRET

SECRET

Continuation of Comments by Reviewing Official

Subject has a clear-headed approach to the collection of intelligence and is realistic in evaluating potential sources. His fluency in the Spanish language has facilitated his movement in the local community and he has developed several potentially useful sources and identified others.

In considering this officer for promotion, two facts should be kept in mind:

a. He is probably older and certainly more mature than the average officer at his grade level. He is anxious to get ahead and this explains much of his initiative and drive.

b. The rating officer has rated him very realistically which, in my view, adds to the importance of the outstanding rating given him on Specific Duty No. 2.

SECRET

C-O-N-F-I-D-E-N-T-I-A-L

TRAINING REPORT

Weapons Training/Defensive Driving Course No. 1/72

2-6 August 1971  
Date

TRAINEE: FLORES, Daniel

OFFICE: WH

PURPOSE AND SCOPE OF COURSE:

The course provides basic proficiency training in the use of weapons for self-defense and in the techniques of defensive driving to counter vehicular kidnaping for Agency officers being assigned to hostile or unstable political and operational environments abroad.

ACHIEVEMENT RECORD:

This is to certify that Mr. Flores has satisfactorily completed the prescribed course of instruction.

FOR THE DIRECTOR OF TRAINING:



Chief, Special Activities Branch

9 August 1971

Date

C-O-N-F-I-D-E-N-T-I-A-L

14-00000

Certification of Handgun Qualification

9 August 1971

Date

Mr. Frederick E. Owens and  
(Instructor SAB Staff, OTG, ISOLATION)  
Identity

Trainee FLORES, Daniel, WH  
Identity

on 2-6 August, Mr. Flores was given 28 hours  
date identity

instruction in firing techniques, weapon care and safe weapons handling

procedures. Subsequently Mr. Flores fired the handgun qualifica-  
identity

tion course with Automatic (Cal. - 9mm) 258  
Revolver (Cal. 38) achieving a score of 261 out  
weapon

of a possible 300. Mr. Flores demonstrated that he  
identity

had absorbed the instruction on safe weapon handling and that he exercises

due care and discretion. Accordingly Mr. Flores is certified as  
identity

Automatic (Cal. - 9mm)  
qualified with the Revolver (Cal. - 38) as of this date.  
weapon

Signed

Fred E. Owens  
FREDERICK E. OWENS, SAB/OTG  
Instructor Identity

**S E C R E T**Continuation of Narrative Comments

the target is good. The project is, however, in need of good human reporting assets and it is expected that as Subject overcomes a weakness mentioned in the next paragraph he will be able to devote more of his time to this important task.

The Subject has encountered some difficulty in the preparation of written material -- dispatches, intelligence reports -- and finds it necessary to spend an extended portion of his time on its preparation. The rater has discussed this with Subject on several occasions, and it is believed that his difficulty is due to a lack of experience, and that in time and with a continuing effort on his part he will develop his writing skills.

The Subject's overall attitude and response towards his professional responsibilities during the first tour have been positive. He is interested in the kind of work he is doing, likes it and is willing to put in the kind of long hours it sometimes demands without complaint.

Continuation of Comments of Reviewing Official

of the Base. He responds positively to guidance and direction; he is eager for new opportunities to enlarge his experience and knowledge. He appears to be completely motivated toward the work of this organization; it is a pleasure to have him in

**S E C R E T**

Classified by 100-100-100

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

The period covered by this report encompasses the middle portion of the Subject's first tour as a Case Officer. His performance during this period has been balanced in that he has shown the kind of intelligence and maturity necessary to successfully carry out clandestine operational activity. He has also shown a weakness which he will need to overcome in order to achieve his full operating potential.

The Subject has turned in fine performance in the overall management of a very important and sensitive [ ] operation which has been under his care since the pre-installation phase. His sure and careful handling of all succeeding phases of this operation led to a secure, uncomplicated installation, the recruitment and training of support agents, and the dissemination of valuable intelligence information. Subject's natural fluency in the Spanish language has been especially useful in this operation. His handling of this installation has been of a high professional caliber throughout.

The Subject is also responsible for the management of a project targeted against the [ ]. His handling of this project has been good: he is a good agent handler; knows how to target his assets against objectives of most importance; and, his knowledge of

(Continued)

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

30 Oct. 1970

SIGNATURE OF EMPLOYEE

/s/ Daniel Flores

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

30 Oct. 1970

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

Robert L. Fambriani /s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I agree with the ratings. This has been a good year for Subject, one which has given him a rather unusual opportunity to learn many facets of the work of this organization and one in which he has shown a very satisfactory level of accomplishment. Shortly after his arrival in [ ] he became, for a short time, the Acting Chief of Base, and through that period and the ensuing change in Base Chiefs, he showed a professional maturity we felt to be exceptional for a young officer on his first tour. He has worked hard and intensely for improvement in the quantity and quality of his operational production, and he has collaborated very effectively with the other officers

(Continued)

30 Oct. 1970

CDS

John D. [ ]

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036120	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SS
Flores, Daniel		4 Aug 1935	M	GS-16	0
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer		DDP/WH/Branch 3			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 October 1969 - 30 September 1970		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Case Officer responsible for Base project targetted against the [redacted]					S
SPECIFIC DUTY NO. 2					RATING LETTER
Case Officer responsible for a sensitive [redacted] operation including the selection of the intelligence resulting from the operation					S
SPECIFIC DUTY NO. 3					RATING LETTER
The development of new agent assets and operations					P
SPECIFIC DUTY NO. 4					RATING LETTER
Preparation of dispatches, intelligence reports and other correspondence pertinent to the operation in his area of responsibility					P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct, and other supervisory responsibilities. Consider overall performance during the rating period. Place the letter in the rating box corresponding to the overall which most accurately reflects his level of performance.					RATING LETTER
					S

**SECRET**



SECRET

Section C

Narrative Comments, Cont'd

disciplined, effective manner enabling him to maintain a continuity and productivity within the Base operational requirements with security and dispatch.

Socially Subject and his wife are proving to be good mixers and both are gaining in popularity within the local [redacted] communities. They both have gained the respect and appreciation of the [redacted] complex not only as compatible personalities, but in her willingness to participate actively in [redacted] endeavors and his professional cooperative attitude. Their optimistic and positive conduct at official and non-official functions is a credit to the Base.

Subject's native fluency in Spanish and his Latin background is proving to be a definite asset in the performance of his assigned operational tasks and ability to handle agent assets amicably and productively.

He maintains accurate accounting records and is demonstrating responsible acute cost consciousness in the use of funds and properties.

This rater's principal criticism of this employee is his tendency toward impulsiveness and too-quick judgement before weighing all the facts and implications in the pursuit of his operational requirements; however, this weakness is more a function of his inexperience in the field and will be resolved as he gains more field experience.

Subject, although exhibiting resourcefulness and imagination in performing his assigned operational tasks also has a tendency to accept the judgement of other senior grade officers too readily rather than express his own convictions and trust in his own assessment of a situation.

This rater has counseled this Officer regarding these tendencies and he is taking measures to rectify them.

In judging his over all performance, this Rater is of the opinion if he continues to apply himself in handling tasks worthy of a senior grade officer, he should be considered for a promotion to the GS-10 level at the earliest opportunity.

RYBAT  
SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>036130</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>Florch, Daniel</b>			2. DATE OF BIRTH <b>8-11-35</b>	3. SEX <b>M</b>	4. GRADE <b>(11-1)</b>
5. OFFICIAL POSITION TITLE <b>Oph Officer</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WII/Br 3</b>		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER/PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>13 May 1969 - 30 September 1969</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<b>W - <del>Weak</del></b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. <b>A - <del>Adequate</del></b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. <b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner. <b>S - <del>Strong</del></b> Performance is characterized by exceptional proficiency. <b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Case Officer responsible for handling Base operations and assets targetted against hard- and soft-line communist activities in the [ ] of [ ]. <span style="float: right;">DE 42</span>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 Case Officer responsible for the handling of [ ] sensitive [ ] operations. He is also responsible for the translations, processing, and dissemination of the relevant intelligence info. <span style="float: right;">DE 42</span>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 Case Officer of [ ] assets targetted against the [ ] within [ ] groups. <span style="float: right;">DE 42</span>					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 4 Development of new contacts and operations, including following up operational leads and recruitment pitches. <span style="float: right;">DE 42</span>					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 5 Case Officer responsible for writing his own intelligence disseminations prepared from information obtained from his agent assets. <span style="float: right;">DE 42</span>					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 6 Drafts operational correspondence, Project Renewals, and Progress Reports. <span style="float: right;">DE 42</span>					RATING LETTER <b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

OCT 26 19 40 AM '69

This employee, a GS-09, arrived PCS at the [ ] Base on 13 May 1969 and has been under this Rater's supervision during this four and one-half month period. [ ] is his first overseas assignment with this Agency.

During this short reviewing period, this Officer has demonstrated a marked insight and knowledgeableness of the operations he has been assigned, and has provided a number of good ideas and suggestions for the betterment of these operations. Subject is proving to be a hard worker and has not complained of the many extra hours he has devoted to his operations. He has accepted responsibilities without hesitation and is not afraid to take on difficult tasks using initiative and ingenuity in their completion. This latter quality has been amply demonstrated when the Rater was unexpectedly confined to a hospital in the [ ] for the full month of August 1969, leaving this employee solely responsible for the Base as the only inside Case Officer at the Base during this time. Rater's absence corresponded with a change in Case Officer PCS assignments at the Base, which left the Base temporarily depleted of Officers. During this period, Subject exhibited an ability and maturity expected of an officer of higher grade and greater field experience. He organized his increased workload in a

...Continued...

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2 October 1969	/s/ Daniel Flores	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
2 October 1969	Chief of Base	/s/ [ ]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>This Officer has made a most impressive beginning in [ ]. He has in a few short months adapted to new tasks and a new environment with mature, if modest, assurance and a professional approach which speaks highly for the training and experience he has had. He has taken on, in the absence of the Chief of Base and other senior officers, responsibilities uncommon to an officer of his junior position, and he has handled them in a superior fashion. He and his wife have entered into their representational responsibilities with great enthusiasm and effectiveness, and I predict a most highly successful tour for him in [ ]. Because he has shown a personal and professional competence beyond his grade level, it is strongly recommended that he be considered for promotion to GS-10 at the earliest opportunity.</p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
16 October 1969	Chief of Station	/s/ John S. Morgan

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130 ✓	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
Flores Daniel		4 Aug 1935		M	GS-08
5. OFFICIAL POSITION TITLE		7. OFF/DIV/RR OF ASSIGNMENT		8. CURRENT STATION	
OPH Officer		DDP/WH/4		HQS	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			19 September 1968 - 30 April 1969		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<b>W - Weak</b>		Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.			
<b>A - Adequate</b>		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.			
<b>P - Proficient</b>		Performance is more than satisfactory. Desired results are being produced in a proficient manner.			
<b>S - Strong</b>		Performance is characterized by exceptional proficiency.			
<b>O - Outstanding</b>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1  Operations officer handling the Headquarters direction and support of FI projects and activities.					RATING LETTER  S
SPECIFIC DUTY NO. 2  Preparation of operational correspondence, dispatches, cables and special memoranda.					RATING LETTER  P
SPECIFIC DUTY NO. 3  Coordination of operational matters with other components and desks.					RATING LETTER  P
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<div style="position: relative; height: 40px;"> <span style="position: absolute; top: -20px; left: 0;">13 MAY 1969</span> </div>					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER  P

**SECRET**

(When Filled In)

<b>SECTION C</b>		<b>NARRATIVE COMMENTS</b>	
<p><small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</small></p> <p>Mr. Flores did a fine job while he was assigned to the Chile desk. He had responsibility for a variety of FI projects, including several complex and sensitive ones, which he ably handled. He had a full workload and in addition to his assigned responsibilities he was given FI assignments of every type as they arose. On one occasion he was sent on an operational trip to [redacted] where he was to contact, assess and support a target personality. Owing to circumstances beyond his control nothing went as expected but Mr. Flores, acting alone, improvised and adapted to the situation. This is indicative of the initiative and eagerness he displayed in his desk work. He was willing to learn and he accepted guidance and instruction to the letter. In addition Mr. Flores writes well and this is always an asset.</p> <p>Mr. Flores is fluent in Spanish. It is my impression that if there is one thing that Mr. Flores wants to be that is a field case officer. He is now getting that chance. He will soon leave on an assignment to [redacted]. I have no doubt that he will do very well.</p> <p>Mr. Flores did not have any managerial duties.</p>			
<b>SECTION D</b>		<b>CERTIFICATION AND COMMENTS</b>	
1. <b>BY EMPLOYEE</b>			
<small>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</small>			
DATE <i>April 28, 1969</i>	SIGNATURE OF EMPLOYEE <i>[Signature]</i>		
2. <b>BY SUPERVISOR</b>			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION <b>5 months</b>	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE <i>28 April 69</i>	OFFICIAL TITLE OF SUPERVISOR <b>C/WH/4/Chile</b>	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> <b>Robert Wiccha</b>	
3. <b>BY REVIEWING OFFICIAL</b>			
COMMENTS OF REVIEWING OFFICIAL  <p align="center"><b>I concur in the above assessment.</b></p>			
DATE <b>29 April 1969</b>	OFFICIAL TITLE OF REVIEWING OFFICIAL <b>Chief, WH/4</b>	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> <b>Raymond A. Warren</b>	

**SECRET**

STANDARDIZATION OF ALL REPORTS (1968)

1. NAME (LAST) (FIRST) (MIDDLE) (Employee  
Serial No.)

FLORES, Daniel 07 036130  
2. DATE REPORT MADE (MO) (DAY) (YEAR) REPORTING PERIOD (MO) (DAY) (YEAR)  
30 November 1968 17 December 1967 - 31 October 1968

3. This career trainee has been assigned in course of the Integrated Program with assignment training in Clandestine Operations.

Detailed evaluations of his performance in each phase are contained in his Official Personnel Folder. Definition of the rating letter corresponds to that in Section B, Progress Report Form 4b (4-6-67).

OVERALL PERFORMANCE IN INTEGRATED PROGRAM Proficient

4. COMMENT AND RELEVANT OBSERVATIONS.

Mr. Flores entered the CT Program on 11 December 1967, sponsored by DDP/WH Division. His work during formal training was characterized by determination, hard work, and a strong ambition to become a successful Clandestine Services operations officer. He responded well to supervision and guidance and experienced no difficulties in assimilating the principles and techniques covered by the instruction. In Operations Course Phase I, the key course for DDP case officers, he achieved an overall performance rating of HIGH PROFICIENT.

At the previous request of his Division Chief, Mr. Flores was, effective 10 October 1968, reassigned to DDP/WH Division.

27 NOV 1968  
*at*

25 November 1968

*John Gerry*  
John Gerry

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				030130	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
FLORES, Daniel			4 Aug 35	M	GS-05 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
Intel Clerk			DDP/WH/COG WASH., D.C.		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify)			<input checked="" type="checkbox"/> SPECIAL (Specify) Recommendation for Promotion		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 February 1967-15 June 1967		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Performs intelligence operations support work in connection with Cuban CI operations. Assembles lead files, DEAF collates data on hand and additions information received in preparation for target analysis.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Screens Cuban Spanish language publications for information of value in the branch counter espionage-counter intelligence records and for operational data.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Conducts liaison between two contract agents and WH/COG/CICS and maintains the administrative records for these cases.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Prepares translations from Spanish to English and English to Spanish of operational correspondence.					P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of important or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>Mr. Flores is a part-time staff employee who works a maximum of 19½ hours per week while attending university full-time. In August 1967 he will obtain his bachelor's degree in political science. He will revert to full-time employment upon finishing his university studies and will be recommended to the Office of Training for admission in the CT class beginning November 1967.</p> <p>The limitations imposed by part-time employment have prevented us from assigning Mr. Flores to jobs within the branch such as the monitoring of active field cases which require close, daily attention. However, he is qualified for this type of duty. His performance in the duties described above is excellent. He accomplishes his tasks quietly and efficiently with a minimum of guidance from his supervisor. Because he is bi-lingual in Spanish and English he is of great use to the Branch in screening quickly and accurately materials which are of counter-intelligence interest.</p> <p>Mr. Flores agency work background, coupled with his formal education about to be completed and his own desire to make a career in intelligence make him an extremely valuable employee, one in whom the Agency should not hesitate to invest time and money for the advancement of his career training.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1.		BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
June 14, 1967	<i>[Signature]</i>		
2.		BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
	DC/WH/COG/CICS	<i>[Signature]</i> Carl Trottin	
3.		BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL			
<p>I would rate Mr. Flores essentially the same as Mr. Trottin. I wish to stress that, although young and inexperienced in intelligence work at the present time, the potential is certainly there. After CT training Mr. Flores should be a fine, dedicated and competent officer.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
	DC/WH/COG/CICS	<i>[Signature]</i> Barry Mahoney	

SECRET



**SECRET**  
(When Filled In)

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
			036130	
<b>SECTION A GENERAL</b>				
1. NAME (Last) (First) (Middle) <b>Flores Daniel</b>			2. DATE OF BIRTH <b>4 Aug 35</b>	3. SEX <b>M</b>
6. OFFICIAL POSITION TITLE <b>Intel Clerk</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/COG</b>	8. CURRENT STATION <b>WASH., D.C.</b>
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT	
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):	
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>1 April 66 - 31 Jan 67</b>	
<b>SECTION B PERFORMANCE EVALUATION</b>				
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
<b>SPECIFIC DUTIES</b>				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
SPECIFIC DUTY NO. 1 <b>Conducts liaison between two contract agents and WH/COG/CICS</b>				RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 2 <b>Maintains files and handles administrative matters for these same two contract agents, including travel, housing, payments, etc.</b>				RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 3 <b>Prepares translations from Spanish to English and from English to Spanish</b>				RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 4 <b>Prepares material for input for the [ ] Program</b>				RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 5				RATING LETTER
SPECIFIC DUTY NO. 6				RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>				
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				RATING LETTER <b>P</b>

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS.

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Apply all standards given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

JAN 30 10 48 AM '67

Mr. Flores has continued to perform at the same proficient level cited in his previous fitness report. The ratings and remarks appended to this report, accordingly, still remain applicable.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	<i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
5 months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
26 January 67	Chief, WH/COG/CICS	<i>[Signature]</i> Harry T. Mahoney
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Mr. Flores turns in a good piece of finished work and has demonstrated increasing ability as a Case Officer. As soon as he graduates I plan to recommend him for CT training. I have discussed the matter with him and he plans to make a career with the Agency which will be mutually advantageous to him and the Agency.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
30 Jan 67	Deputy Chief, WH/COG	<i>[Signature]</i> Earl Williamson

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130	
<b>SECTION A</b>		<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
FLORES, Daniel		4 Aug 35		M	GS-05 D
5. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Intelligence Asst.		DDP/WH/C		Washington D.C.	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
30 April 1966		1 April 65 - 31 March 66			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Conducts liaison between two contract agents and WH/COG/CICS					P
SPECIFIC DUTY NO. 2					RATING LETTER
Maintains files and handles administrative matters for these same two contract agents, including travel, housing, payments, etc.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Prepares translations from Spanish to English and from English to Spanish					S
SPECIFIC DUTY NO. 4					RATING LETTER
Prepares material for input for the [ ] Program					P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. <i>Dec 2 11 30 PM '66</i></p>			
<p>Mr. Flores is a part-time staff employee who works a minimum of nineteen hours per week; he is also a full time college student in his senior year, majoring in political science and specializing in Latin American studies. Subsequent comments should be prefaced by the statement that Mr. Flores' overall performance of his assigned duties would be considerably more efficient if he were able to devote full time to his assignment. On the other hand, Mr. Flores is preparing himself academically for a useful career with the Agency and in the rater's opinion shows promise of becoming a very capable and competent officer.</p>			
<p>Mr. Flores is bilingual and has served very efficiently as a translator for the Branch. He has gained very valuable experience as a case officer in the handling of two contract agents of WH/COG/CICS and in doing so has demonstrated tact, sound judgment and a fine ability to handle people. Mr. Flores is very personable, intelligent and makes an excellent appearance. With the completion of his studies he should be able to make the transition from Intelligence Assistant to Junior Case Officer, which the rater heartily recommends.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
30 November 1966	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
11 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
30 November 66	DC/WH/COG/CICS	<i>[Signature]</i> John A. Castoro	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Mr. Flores has worked closely under my direct supervision in the handling of the two contract employees listed under Specific Duty No. 1 and 2. I concur with the rating of Mr. Castoro and can only emphasize that I believe Mr. Flores will make a good Case Officer and I plan to recommend him for CT status as soon as he is able to be with us full time.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
30 Nov 1966	Chief, WH/COG/CICS	<i>[Signature]</i> Harry T. Mahoney	

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>FLORES, Daniel</b>		2. DATE OF BIRTH <b>4 Aug 35</b>	3. SEX <b>M</b>	4. GRADE <b>GS-05</b>	5. SD <b>D</b>
6. OFFICIAL POSITION TITLE <b>Intel Clerk</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/COG</b>		8. CURRENT STATION <b>WASH., D.C.</b>	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SPECIAL (Specify) <b>Recommendation for Promotion</b>			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to) <b>1 February 1967-15 June 1967</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 <b>Performs intelligence operations support work in connection with Cuban CI operations in [redacted] Assembles lead files, collates data on hand and additions information received in preparation for target analysis.</b>					<b>S</b>
SPECIFIC DUTY NO. 2 <b>Screens Cuban Spanish language publications for information of value in the branch counter-espionage-counter intelligence records and for operational data.</b>					<b>S</b>
SPECIFIC DUTY NO. 3 <b>Conducts liaison between two contract agents and WH/COG/CICS and maintains the administrative records for these cases.</b>					<b>P</b>
SPECIFIC DUTY NO. 4 <b>Prepares translations from Spanish to English and English to Spanish of operational correspondence.</b>					<b>P</b>
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					<b>S</b>

SECRET

(When Filled In)

SECTION C			NARRATIVE COMMENTS		
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manager of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>					
<p>Mr. Flores is a part-time staff employee who works a maximum of 19½ hours per week while attending university full-time. In August 1967 he will obtain his bachelor's degree in political science. He will revert to full-time employment upon finishing his university studies and will be recommended to the Office of Training for admission in the CT class beginning November 1967.</p> <p>The limitations imposed by part-time employment have prevented us from assigning Mr. Flores to jobs within the branch such as the monitoring of active field cases which require close, daily attention. However, he is qualified for this type of duty. His performance in the duties described above is excellent. He accomplishes his tasks quietly and efficiently with a minimum of guidance from his supervisor. Because he is bi-lingual in Spanish and English he is of great use to the Branch in screening quickly and accurately materials which are of counter-intelligence interest.</p> <p>Mr. Flores agency work background, coupled with his formal education about to be completed and his own desire to make a career in intelligence make him an extremely valuable employee, one in whom the Agency should not hesitate to invest time and money for the advancement of his career training.</p>					
SECTION D			CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
June 14, 1967	<i>[Signature]</i>				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
	DC/WH/COG/CICS	<i>[Signature]</i> Carl Trettin			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
<p>I would rate Mr. Flores essentially the same as Mr. Trettin. I wish to stress that, although young and inexperienced in intelligence work at the present time, the potential is certainly there. After CT training Mr. Flores should be a fine, dedicated and competent officer.</p>					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
	C/WH/COG/CICS	<i>[Signature]</i> Harry Mahoney			

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>FLORES, Daniel</b>			2. DATE OF BIRTH <b>4 Aug 35</b>	3. SEX <b>M</b>	4. GRADE <b>GS-05</b>
6. OFFICIAL POSITION TITLE <b>Intelligence Asst.</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/SAS</b>	8. CURRENT STATION <b>Washington D.C.</b>	
9. CHECK (X) TYPE OF APPOINTMENT <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>30 April 1965</b>			12. REPORTING PERIOD (From - to) <b>1 January 1964 - 31 March 1965</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Served as interpreter for WH/SA counterintelligence operations officers and Office of Communications officers in training and briefing agents					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 Assisted in the debriefing of a Cuban intelligence service defector.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 3 Translated and participated in the preparation of agent [redacted] and [redacted]					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 4 Performed traces and research relating to counterintelligence operations and activities.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or expand points given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Mr. Flores was a particularly useful and versatile employee in the WH/SA counterintelligence operations unit. Although he had no operational training or previous operational experience, he learned rapidly and performed well the operational support type duties assigned to him. His fluent knowledge of the Spanish language, his willingness to learn and perform tedious tasks, and his conscientious approach to his work were important factors in his performance. His previous assignments in the RI Division and in WH/SA as a translator and in conducting name traces gave him a good background.</p>			
<p>With respect to specific duty #3, on two separate operations in [redacted] Mr. Flores participated in the training and preparation of agents for [redacted]. In the first operation he interpreted for training in [redacted], [redacted] and related subjects. The second operation involved [redacted] only. This experience enable Mr. Flores to perform duties (specific duty #3.) relating to communications with agents [redacted].</p>			
<p>Mr. Flores plans to continue his university education and attain a degree. Arrangements have been completed so that he may work in the Agency on a part time basis beginning in January 1965. He will attend classes at a local university as a full time student.</p>			
<p>Mr. Flores was promoted from GS-04 to GS-05 on 16 March 1964. He has been performing duties at the GS-06 level, and he should be promoted. (see page two)</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
6 April 1965	[Signature]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
15 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
6 April 1965	C/WH/SA/CI Ops (WH/C/RR/OS)	Richard Tansing	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Concur.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	SIGNATURE OF REVIEWING OFFICIAL	
4-6-65	C. WH SA CI (WH C SP)	[Signature] Harold F. Swenson	

SECRET



SECRET

- 2 -

Mr. Flores is cost conscious and effective in the use of space, equipment and funds.

Mr. Flores does not hold a supervisory position.

SECRET

## SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130	
<b>SECTION A</b>				<b>GENERAL</b>	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
FLORES Daniel			4 Aug. 1935	Male	GS-4 D
6. OFFICIAL POSITION TITLE			7. OFF. DIV./RR OF ASSIGNMENT 8. CURRENT STATION		
Translator			DDP/S.A.S. Washington, D.C.		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input checked="" type="checkbox"/> SPECIAL (Specify): Promotion Recommendation		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			10 June 1963 to 6 December 1963		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Translates material from Spanish to English and vice-versa. Translates agent messages.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Performs name traces, analyses, extracts and summarizes obtained information.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Prepares and initiates requests for operational clearances.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Writes and prepares dispatches, cables and memoranda.					A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and pertinent limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P
30 DEC 1963					

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties must be described, if applicable.</u></p>			
<p>Mr. Flores entered on duty with Special Affairs Staff in June 1963. Due to his proficiency in Spanish he was assigned to translating duties and immediately proved to be an invaluable asset to this office as well as to the Staff as a whole. He worked many late hours and weekends helping to facilitate the flow of translations from this office to the different components within SAS. His performance of these duties can best be characterized as "exceptional" in all degrees.</p>			
<p>Mr. Flores expressed a desire to move into a position of greater responsibility and this request was readily granted approximately one month ago. He is currently being trained as an intelligence assistant in Ops Support functions and his performance to date has been excellent. In his new duties Mr. Flores requires very little supervision. This can be attributed in part to his degree of intelligence as well as the background he obtained for his present duties while assigned to his previous job in RID/INDEX. Mr. Flores spent approximately one year in his former job and the knowledge he brought with him resulting to name tracing procedures has enabled him to grasp the duties of his new position quite rapidly.</p>			
<p>As a means of furthering his education Mr. Flores is attending American University at night. He has expressed a desire to obtain some agency training and would like very much to be enrolled in the Intelligence Orientation Course as soon as possible.</p>			
<p>Mr. Flores entered the agency as a GS-4 in March 1962. It is strongly recommended that he be promoted at the earliest possible date to a GS-5.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, D, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
17 Dec 1963	Daniel Flores <i>Daniel Flores</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
5 Months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Dec 1963	CHIEF, SAS/ICS	JOSEPH A. MOUGHAN <i>Joseph A. Moughan</i>	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I agree with the assessment of the supervisor, concur in his decision to move Mr. Flores into a position of greater responsibility, and I support the recommendation that Mr. Flores be promoted.</p>			
Attached is a formal recommendation.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
17 Dec 1963	CHIEF, SAS/INTL	JOHN K. KING <i>John K. King</i>	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130	
SECTION A			GENERAL		
1. NAME (Last) (First) (Middle)			6. DATE OF BIRTH	7. SEX	8. GRADE
FLORES Daniel			1935	M	GS-4 D
9. OFFICIAL POSITION TITLE			7. OFF/INT/BR OF ASSIGNMENT		8. CURRENT STATION
File Clerk			OPST/INT/RE/IN		Hdgrs.
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CARRIER <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
30 April 1963			13 December 1962 - 31 March 1963		
SECTION B			PERFORMANCE EVALUATION		
W - <u>Weak</u>			Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.		
A - <u>Adequate</u>			Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.		
P - <u>Proficient</u>			Performance is more than satisfactory. Desired results are being produced in a proficient manner.		
S - <u>Strong</u>			Performance is characterized by exceptional proficiency.		
O - <u>Outstanding</u>			Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.		
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Conducts name traces in the Main Index of the Records Integration Division.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Fulfills daily and weekly maintenance duties required of all name checkers; e.g., filing, auditing and refiling.					P
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

APR 23 4 13 PM '63

During this reporting period, Mr. Flores continued to conduct himself in the exceptionally proficient manner which was noted in his previous Fitness Report. He is one of two name tracers who specialize in a particular area, a fact which tends to increase the difficulty as well as the responsibility of name tracing. In spite of this burden, Mr. Flores has consistently maintained an above average level of production and an exceptionally high quality in his finished products.

Mr. Flores is a conscientious and highly motivated employee who evidences a sound sense of responsibility. He has frequently voiced a desire to take advantage of any career opportunities the Agency may offer to him. He is currently enrolled as a full-time student at the American University.

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

10 April 1963

SIGNATURE OF EMPLOYEE

James J. Riley, Jr.

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

10 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

10 April, 1963

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief, RID/EL (H/S)

TYPED OR PRINTED NAME AND SIGNATURE

JAMES J. RILEY, JR.

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

14 April 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, RID/Index

TYPED OR PRINTED NAME AND SIGNATURE

AUREY L. POSKY

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				036130			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle) <b>FLORES, Daniel</b>			2. DATE OF BIRTH <b>4 Aug 1935</b>	3. SEX <b>M</b>	4. GRADE <b>GS-4</b>	5. SD <b>D</b>	
6. OFFICIAL POSITION TITLE <b>File Clerk</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>OPSER/RII/RR</b>		8. CURRENT STATION <b>Idgra.</b>		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P. <b>12 January 1963</b>			12. REPORTING PERIOD (From - to) <b>12 March 1962 - 12 December 1962</b>				
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>			
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
Performs name traces of personal and impersonal subjects in the RI/Index.							S
SPECIFIC DUTY NO. 2							RATING LETTER
Fulfills daily and weekly requirements of maintenance duties; e.g., filing, purging, auditing, and screening of index cards.							P
SPECIFIC DUTY NO. 3							RATING LETTER
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

From the outset Mr. Flores has shown many characteristics of an above-average employee. His initial training in the intricacies of his duty assignment was marked by a high degree of application, interest, and achievement. Since that time Mr. Flores has proven himself a conscientious and responsible employee, one whose work record is distinguished by a high calibre of quality and quantity.

Because of his fine record, Mr. Flores was chosen one of the three are specialists for this section. He specializes in the Spanish-Portuguese area and his work is characterized by exceptional proficiency.

At present Mr. Flores is registered at American University as a sophomore. Inasmuch as he has exhibited both potentiality and strong working habits, I recommend that Mr. Flores be given the Professional Battery Test at the earliest opportunity.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

3 January 1963

SIGNATURE OF EMPLOYEE

*Manuel Flores*

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

7 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

3 January 1963

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief, RID/IN (R/S)

TYPED OR PRINTED NAME AND SIGNATURE

JAMES J. RALEY, Jr.

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully concur in the above evaluation.

DATE

3 January 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, RID/Index

TYPED OR PRINTED NAME AND SIGNATURE

AUREY L. JOEY

SECRET

**SECRET**  
(When Filled In)

<b>TRAINING EVALUATION--CLERICAL INDUCTION</b>										
<b>SECTION I IDENTIFYING INFORMATION</b>										
NAME OF STUDENT <b>FLORES, Daniel</b>			SEX <b>M</b>	DATES OF ATTENDANCE <b>12-23 March 1962</b>						
DATE OF BIRTH <b>4 August 1935</b>		FOB DATE <b>12 March 1962</b>		TITLE AND GRADE <b>File Clerk GS-4</b>						
<b>SECTION II CHARACTERISTICS OF THE COURSE</b>										
Each course subject is taught daily for a 3-day period. Students who do not meet Agency standards in shorthand and/or typewriting within this 3-day period receive further instruction in an attempt to meet the established qualifications. The second week of geography instruction is given to students who have not been assigned to their positions. It is possible that not all students will be assigned to every course subject.										
<b>SECTION III OBJECTIVES</b>										
To meet the typewriting criterion based on the scale on the reverse of this page. (For qualification, students must meet this requirement once.) To take dictation at 80 words a minute for 3 minutes and to transcribe with 5 or fewer errors in not more than 20 minutes. (For qualification, students must meet this requirement once.) To recognize errors in grammar and in punctuation and capitalization. To study the politics and the geography of countries of Europe and Asia. (These continents are covered in alternate weeks.) To receive instruction in typing of reproduction masters, making erasures, caring for the typewriter, and utilizing typing shortcuts. To become familiar with the system of filing as outlined in the Agency's "Handbook for Subject Filing."										
<b>SECTION IV QUALIFICATION IN SKILLS</b>										
<b>COURSE PERFORMANCE</b>				<b>QUALIFICATION</b>						
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">QUALIFIED</th> <th rowspan="2" style="padding: 5px;">NOT QUALIFIED</th> </tr> <tr> <th style="padding: 5px;">IN COURSE</th> <th style="padding: 5px;">AT 100</th> </tr> </table>		QUALIFIED		NOT QUALIFIED	IN COURSE	AT 100
QUALIFIED		NOT QUALIFIED								
IN COURSE	AT 100									
TYPEWRITING	WPM <b>44</b>	ERRORS <b>15</b>	RET <b>22</b>		<b>X</b>					
SHORTHAND			<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; transform: rotate(45deg);"></div>							
<b>SECTION V RATINGS</b>										
Agency samplings of students' ratings indicate the percentage distribution as noted below. This trainee's rating is marked by the asterisk.										
SUBJECT	POOR	FAIR	SATISFACTORY	EXCELLENT						
GRAMMAR	4%	16% *	51%	27%						
PUNCTUATION AND CAPITALIZATION	26% *	27%	41%	12%						
<b>EXCELLENT</b> - - - thorough knowledge of material presented and above-average performance in meeting course goals. <b>SATISFACTORY</b> - - average knowledge of material presented and adequate performance in meeting course goals. <b>FAIR</b> - - - - - borderline knowledge of material presented and limited performance in meeting course goals. <b>POOR</b> - - - - - inadequate knowledge of material presented and unsatisfactory performance in meeting course goals.										
<b>SECTION VI FAMILIARIZATION LECTURES</b>										
<input checked="" type="checkbox"/> GEOGRAPHY OF EUROPE		<input type="checkbox"/> GEOGRAPHY OF ASIA		<input checked="" type="checkbox"/> AGENCY FILING SYSTEM						
<input checked="" type="checkbox"/> OFFICE PRACTICE										
<b>SECTION VII COMMENTS</b>										
<p>This student was assigned to the class in typewriting at his own request. Because it is not necessary for an individual whose job title is File Clerk to meet Agency standards in typewriting, he was released from training when his final processing was completed.</p>										
CONTINUE COMMENTS ON REVERSE SIDE <input type="checkbox"/> OVER										
FOR THE DIRECTOR OF TRAINING:			SIGNATURE OF CHIEF, CLERICAL INDUCTION TRAINING <b>MARY J. KEEK</b> <i>Mary J. KEEK</i>							



## SECRET

(When Filled In)

<u>GROSS WORDS</u>	<u>ERRORS</u>	<u>NET WORDS</u>	<u>GROSS WORDS</u>	<u>ERRORS</u>	<u>NET WORDS</u>
45	5	40	63	14	49
46	6	40	64	14	50
47	6	41	65	15	50
48	7	41	66	15	51
49	7	42	67	16	51
50	7	43	68	16	52
51	8	43	69	16	53
52	9	43	70	16	54
53	9	44	71	17	54
54	9	45	72	18	54
55	10	45	73	18	55
56	10	46	74	19	55
57	10	47	75	19	56
58	10	48	76	20	56
59	11	48	77	20	57
60	12	48	78	20	58
61	12	49	79	21	58
62	13	49	80	21	59

This scale conforms to that used by the Civil Service Commission. The number of errors indicated after the gross is the maximum permissible for that specific number of gross words typed; i.e., an individual who types 60 words per minute would be allowed no more than 12 errors in a 10-minute typewriting test.

SECRET

SECRET  
(When Filled In)

REPORT OF TEST RESULTS (CLERICAL SKILLS)

NAME FLORES, Daniel (NMI)	TITLE AND GRADE File Clerk GS-4	DATE OF BIRTH 4 August 1935
DATE 14 March 1962		PERSONNEL OFFICER - IAS

AGENCY STANDARDS

**TYPEWRITING** The typewriting criterion is based on the scale on the reverse of this page.

**SHORTHAND** Dictation at 80 words a minute for three minutes and the transcription of the dictated material with five or fewer errors in not more than twenty minutes.

EXAMINEE'S RATINGS

TYPEWRITING: WAM 43 Errors 14 Net 27 Qualified: Yes \_\_\_\_\_ No X

SHORTHAND: WAM \_\_\_\_\_ Errors \_\_\_\_\_ Qualified: Yes \_\_\_\_\_ No \_\_\_\_\_

REMARKS: Training in typewriting recommended if he so desires. It is not necessary for his job title.

MARY J. MEFE  
CHIEF, CLERICAL INDUCTION TRAINING

SECRET

## CONFIDENTIAL

(When Filled In)

THIS INFORMATION IS FOR AUTHORIZED PERSONS ONLY. TEST SCORES ARE NOT TO BE REVEALED TO EXAMINEE.

OFFICE OF TRAINING, ASSESSMENT AND EVALUATION STAFF  
EVALUATION OF TEST RESULTS (CLERICAL)

DATE

15 March 1962

NAME

FLORES, Daniel (MEX)

GRADE AND POSITION

GS-11 File Clerk

PERSONNEL OFFICER

TAS

TEST RESULTS ARE AN INTEGRAL PART OF THE FACT FINDING PHASE OF MOST PERSONNEL OPERATIONS. EVALUATION OF THESE MEASUREMENTS IN RELATION TO OTHER FACTUAL MATERIAL IN THE PERSONNEL RECORD PROVIDES ONE OF THE BASIS FOR THE SELECTION AND PLACEMENT OF APPLICANTS AND FOR COUNSELING WITH NEW EMPLOYEES. HOWEVER, THE DECISION AS TO WHETHER AN INDIVIDUAL CAN AND WILL PERFORM THE DUTIES OF A SPECIFIC JOB MUST REST ON THE JUDGMENT OF THE RECRUITER OR PLACEMENT OFFICER, WHO CONSIDERS ALL ASPECTS OF THE INDIVIDUAL'S ABILITY, BACKGROUND, AND PERSONALITY IN RELATION TO THE REQUIREMENTS OF THE AGENCY.

THIS REPORT EVALUATES THE SUBJECT'S PERFORMANCE BY COMPARING HIS SCORES WITH THOSE OF A NATIONWIDE GROUP OF TWELFTH GRADE STUDENTS OF THE SAME SEX. SPECIFIC APTITUDES ARE IDENTIFIED BY USING A VARIETY OF TESTS RANGING FROM WORK SAMPLES OF FILING AND CHECKING TO MEASURES OF REASONING ABILITY. IN EVALUATING THESE TEST SCORES FOUR GENERAL CONCEPTS SHOULD BE KEPT IN MIND: (1) TESTS ARE MORE EFFECTIVE IN SCREENING OUT POTENTIAL FAILURES THAN IN IDENTIFYING THOSE WHO WILL PERFORM SUCCESSFULLY. (2) PERSONS WHOSE SCORES ARE PREDOMINANTLY IN THE LOWEST 15% ORDINARILY ARE NOT SUITED FOR OFFICE WORK. (3) MOST JOBS DO NOT REQUIRE HIGH SCORES ON ALL TESTS, BUT HAVE A RANGE WITHIN WHICH PEOPLE CAN DO THE WORK EFFECTIVELY AND TEND TO REMAIN ON THE JOB. (4) EFFICIENCY IN PLACEMENT NECESSITATES MATCHING THE JOB AND THE INDIVIDUAL; BOTH THOSE WHO ARE OVERQUALIFIED AND THOSE WHO ARE UNDERQUALIFIED ARE LIKELY TO QUIT.

A DESCRIPTION OF THE SIX TESTS IN THE BATTERY IS GIVEN ON THE BACK OF THIS FORM. IN CASES WHERE THE PATTERN OF THE TEST SCORES APPEARS TO INDICATE APTITUDE IN PARTICULAR AREAS THIS WILL BE NOTED IN THE REMARKS SECTION. WHERE RESEARCH STUDIES HAVE BEEN CONDUCTED ON THE RELATIONSHIP OF THE TESTS TO JOB PERFORMANCE THESE COMMENTS WILL RELATE TO SPECIFIC JOBS. THIS SECTION MAY ALSO INCLUDE A BRIEF ANALYSIS OF THE INDIVIDUAL'S POTENTIAL IN RELATION TO HIS INTERESTS AND BACKGROUND.

CONSULTATION OR FURTHER INFORMATION REGARDING INTERPRETATION OF TEST SCORES IS AVAILABLE BY CALLING EXTENSION 8017.

NAME OF TEST	VERY LOW		LOW		AVERAGE		HIGH		VERY HIGH	
	25	50	75	100	125	150	175	200	225	250
CLERICAL SPEED AND ACCURACY							✓			
SPELLING							✓			
SENTENCES					✓					
NUMERICAL ABILITY						✓				
ABSTRACT REASONING						✓				
VERBAL REASONING					✓					

## REMARKS:

Mr. Flores should be referred for P&TH, preferably while he is still in the IAS.

REPRODUCTION OF ABOVE PRINTS ARE GIVEN ON REVERSE SIDE OF THIS REPORT

CONFIDENTIAL (When Filled In)

CERTIFICATION OF LANGUAGE PROFICIENCY IN <u>Spanish A</u>										DATE PREPARED <u>4-1-80</u>	
SSN			NAME (Last-First-Middle)			DATE OF BIRTH			GRADE	DIVISION	
						YEAR	MONTH	DAY			
4610426230			Flores, Daniel			358			4	13 LA	
TYPE CHANGE			READING*			SPEAKING*			UNDERSTANDING*		
C R1.18			+			5			5		
DATE TESTED			TYPE TEST			80			2 20 N		
*SEE BACK FOR PROFICIENCY LEVEL DEFINITIONS											
REMARKS <u>Outside Test.</u>											
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           CERJUAL SYSTEM Updated APR 4 1980 By: <u>[Signature]</u> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;">           CERTIFICATION OF PROFICIENCY <u>[Signature]</u> CHIEF OF TESTING/LS TEST NUMBER <u>42001</u> </div>											

FORM 1273 OBSOLETE PREVIOUS EDITIONS

CONFIDENTIAL

REV 40 VNS PR DATE PREPARED  
JRY 4409.2 BY 011956

10-48

PART 1 - INFO SYS BR.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY				
NAME OF EMPLOYEE		DATE RECEIVED AT HEADQUARTERS		DATE RECEIVED BY CASUALTY SERVICE
Daniel Flores		22 May 79		22 May 79
DATE RECEIVED AT HEADQUARTERS		SPATIAL NUMBER		HOME BASE COMPONENT
5 June 1979		JMMAT-14447		LA
DATE OF BIRTH	SERVICE DESIGN	CURRENT POSITION AND GRADE	STATION OR BASE	CURRENT COVER
4 Aug 35	DQG	Ops Officer, GS-13		
TO BE COMPLETED BY EMPLOYEE				
1. DATE OF PLS ARRIVAL IN A FID	10. REQUESTED DATE OF DEPARTURE	11. EXPECTED DATE OF FIRST CHECK-IN AT HQ	12. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
February 1978	Operations Officer GS-13	SEE 6A	SEE 6A	
3. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:				
Spouse - 43 Daughter - 5				
4. PERSONAL ESTABLISHMENT FACTORS THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:				
Child's schooling				
5. LIST YOUR MAJOR DUTIES DURING CURRENT ASSIGNMENT (see special note on transmittal form).				
Liaison Officer in charge of an 18-man unit.				
6. TRAINING DESIRED INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS				
Training in a third language. Additional management training offered either by the Agency or by a private institution. Consideration for an appointment to a War College.				

13 202

SECRET

02. 0001 01 002212

51704

As noted in #B below, my first choice for my next assignment is that of Chief of Base in [ ] or Chief of Base in Latin America. I have served three tours overseas and a four-year tour at Headquarters in Cuban Operations. In the past ten years I have gained experience in technical operation, operations related to the priority and hard targets, and, prior to my assignment to [ ] as supervisor of one of the four branches in Cuban Operations. In [ ] my responsibilities consist of the supervision and administration of an [ ]-man unit composed of [ ] nationals which I manage and direct operationally in coordination with the Government of [ ]. I have been in [ ] fifteen months.

Should the Chief of Base position in [ ] become available in the summer of 1980 or 1981 and this job is offered to me, I would be

10 INDICATE IF YOU DESIRE TO: *1. I wish to receive information on the above product. 2. I wish to receive information on the above product and to be contacted by a sales representative. 3. I wish to receive information on the above product and to be contacted by a sales representative and to be added to the mailing list.*  
FOR NEXT REGULAR CASHMENT OF INTEREST, 1. *2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.*  
COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES. FROM THOUGH YOU ARE REQUESTING AN INTERVIEW WITH A  
FOUR. \*Please see 6A

- ☐ EXTEND TO 4-16 MONTHS AT CURRENT STATION TO depending on next assignment  
(date)
- ☐ BE ASSIGNED TO WORK FOR A TOUR OF DUTY IN ANY OF THE CHOICES OF DIVISION, STAFF OR OFFICE  
1ST CHOICE Far Courts 2ND CHOICE Management 3RD CHOICE Headquarters Tour
- ☐ BE ASSIGNED TO ANOTHER FIELD STATION IN ANY OF THE CHOICES OF DIVISION, STAFF OR OFFICE  
1ST CHOICE PROGRAM 2ND CHOICE COE, Latin Am 3RD CHOICE Washington, D.C.
- ☐ RETURN TO MY CURRENT STATION.

PREPARE UPDATING OF PERSONAL SECURITY INFORMATION IN ACCORDANCE WITH DDI-F 240-8 AND FORWARD UNDER SEPARATE COVER. INDICATE DATE FORWARDED OR TO BE FORWARDED.

TO BE COMPLETED @ FIELD STATION

2. IN CONSIDERATION OF HIS EXPERIENCE AND PERFORMANCE OF THE LAST YEAR AND HIS PRESENTATION FOR THAT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND SALARY.

Based upon Subject's experience both prior to and during his current tour, his requests for assignment as stated by him are very reasonable. I fully endorse his requests.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

0. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE MEMBER OF THE BOARD OF DIRECTORS OF THE COMPANY, THE BOARD OF DIRECTORS OF THE COMPANY HAS DECIDED TO RECOMMEND THAT THE COMPANY SHOULD NOT RE-ELECT HIM AS A DIRECTOR OF THE COMPANY AT THE ANNUAL MEETING OF THE SHAREHOLDERS OF THE COMPANY TO BE HELD ON 15 MAY 2014.

EAP 1

2,674' 28

FOR USE BY CRYPTO SERVICE

0 690047 2 22 8 5 5 1 / 70247 70

10 1001011 0121113 114 115 116 117 118 119 120

2 = 15

484 50

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(JPRS 6187) : RZP9138501-0

494

**SECRET**

S E C R E T

CA Continued. . .

amenable to an extension in [ ] for a period of 12 to 16 months depending on the timing of the assignment. If I were to be assigned to a country where an additional language is needed, time for language training should be taken into consideration.

In the event that a position as Chief of Base does not become available within the next year or two, my second choice is to be considered for a War College either for calendar year 1980 or 1981. This would enable me to more fully participate in the Agency's rotational program and would provide me with a higher level of training needed for career mobility in the Agency.

My third choice is to be considered as a candidate for the agency's management program at one of the participating Universities in the United States with the intention of accepting a field assignment immediately after the termination of this training. I am prepared to make all the necessary arrangements toward this end (i.e., applying for admission, etc.) provided a list of Universities is furnished to me.

As noted above, I am willing to remain in [ ] through the summer of 1981 if my first choice is approved. In the event that my first choice cannot be granted I would be available to return to the United States in the summer of 1980 to prepare for my second or third choice. Should my second or third choice not be granted, I would prefer to return to the United States for an assignment in Washington.

S E C R E T

ADMINISTRATIVE  
Internal Use Only

C 10

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-6

(Print)

7-24

036130

Flores

Daniel

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (OHP ONLY). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 59, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37 38 39		40-42
0	2	1	5	7	8		1	Mexico	4 5 0

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37 38 39		40-42

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

IN 0326885

DOCUMENT DATE PERIOD

2/15/78

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE	SIGNATURE
C & L DIVISION, CTRD.	2/23/78	
C & P DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 1451a

ADMINISTRATIVE-Internal Use Only

(4-10)



CONFIDENTIAL  
(When Filled In)

## NOTE TO OUTGOING PCS TRAVELERS

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

## MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 9 July 1970.

DANIEL FLORES

NAME  
(Please Print)

*Daniel Flores*

SIGNATURE

Jun 30, 1978

DATE

E2, IMPDET CL. BY: 007622 (4)

FORM 3661  
5-74

CONFIDENTIAL

CONFIDENTIAL  
(When Filled In)

## NOTE TO OUTGOING PCS TRAVELERS

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

## MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 9 July 1970.

Daniel Flores

NAME  
(Please Print)

*Daniel Flores*

SIGNATURE

14 Nov. 1977

DATE

E2, IMPDET CL. BY: 007622 (4)

FORM 3661  
5-74

CONFIDENTIAL

**SECRET**  
(When Filled In)

## SERVICE ABROAD AGREEMENT

## I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE ABROAD PRESCRIBED IN SECTION 11 BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR ARRIVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTEMPLATION BY AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

NAME OF EMPLOYEE	DATE	TIME	LOCATION	REMARKS
...	...	...	...	...

**Daniel Flores**

10

1

## II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT

**Mexico City**

2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A, B, OR C BELOW

A. STANDARD TOUR OF DUTY OF 24 MONTHS

xx

C. NONSTANDARD VOL. OF DUTY IS \_\_\_\_\_ MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYEE SIGNING THIS AGREEMENT. (SEE HR 10-18)

REQUESTED (Name of party)

OFFICIAL OFFICIAL

8. NONSTANDARD TOUR OF DUTY OF \_\_\_\_\_ MONTHS  
PREVIOUSLY APPROVED PER HR 20-10.

OPERATING PRINCIPLES

J. Paul Pina CIA/PERS

**Conclusions**

CABLE SERVICES

210490 0308:1960

préface

01000 900 20 010159301

### III. PERMANENT PLACE OF RESIDENCE

3. YOUR "PERMANENT PLACE OF RESIDENCE" IS A PLACE TO WHICH ALL AGENTS TRAVEL ON "ORDINARY BUSINESS TRIP" OR AUTHORIZED BY CERTAIN DISCREETARY PERSONNEL TO MEET THE REQUIREMENTS FOR THE POSITION.

[illegible]

**SECRET**  
(when filled in)

5. PHYSICAL DWELLING PLACE (Permanent Place of Residence unless address in item 6 is approved in lieu thereof) FULL ADDRESS <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 10px;"></div> <p style="font-size: 1.2em; margin-top: 10px;"><i>VIENNA, VIRGINIA 22180</i></p>		6. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 5) FULL ADDRESS <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>	
<div style="text-align: right; font-weight: bold; font-size: 0.8em;">APPROVED</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="text-align: right; font-size: 0.7em;">DEPUTY DIRECTOR</div> <div style="font-size: 1.2em; margin-top: 10px;"><i>Ray L. Hellmich</i></div> </div> <div style="width: 35%;"> <div style="text-align: right; font-size: 0.7em;">DATE</div> <div style="font-size: 1.2em; margin-top: 10px;"><i>1/9/78</i></div> </div> </div>		<div style="text-align: center; font-weight: bold; font-size: 0.8em;">CONCUR</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="text-align: right; font-size: 0.7em;">DEPUTY DIRECTOR</div> <div style="height: 30px; border: 1px solid black; margin-top: 5px;"></div> </div> <div style="width: 35%;"> <div style="text-align: right; font-size: 0.7em;">DATE</div> <div style="height: 30px; border: 1px solid black; margin-top: 5px;"></div> </div> </div>	
<div style="text-align: center; font-weight: bold; font-size: 0.8em;">APPROVED</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="text-align: right; font-size: 0.7em;">DEPUTY DIRECTOR</div> <div style="font-size: 1.2em; margin-top: 10px;"><i>Ray L. Hellmich</i></div> </div> <div style="width: 35%;"> <div style="text-align: right; font-size: 0.7em;">DATE</div> <div style="font-size: 1.2em; margin-top: 10px;"><i>1/9/78</i></div> </div> </div>		<div style="text-align: center; font-weight: bold; font-size: 0.8em;">APPROVED</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="text-align: right; font-size: 0.7em;">DIRECTOR OF PERSONNEL</div> <div style="height: 30px; border: 1px solid black; margin-top: 5px;"></div> </div> <div style="width: 35%;"> <div style="text-align: right; font-size: 0.7em;">DATE</div> <div style="height: 30px; border: 1px solid black; margin-top: 5px;"></div> </div> </div>	
<b>IV. HOME LEAVE POINT</b>			
7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.			
8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF HR 20-308(3)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.			
9. DESIGNATION PER ITEM 7 ABOVE FULL ADDRESS <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> <p style="font-size: 1.2em; margin-top: 10px;"><i>PORTLAND, OREGON</i></p>		10. DESIGNATION PER ITEM 8 ABOVE FULL ADDRESS <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>	
RELATIONSHIP OF RELATIVE AT HOME LEAVE POINT <p style="font-size: 1.2em; margin-top: 10px;"><i>IN-LAWS</i></p>		<div style="text-align: center; font-weight: bold; font-size: 0.8em;">CONCUR</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="text-align: right; font-size: 0.7em;">DEPUTY DIRECTOR</div> <div style="height: 30px; border: 1px solid black; margin-top: 5px;"></div> </div> <div style="width: 35%;"> <div style="text-align: right; font-size: 0.7em;">DATE</div> <div style="height: 30px; border: 1px solid black; margin-top: 5px;"></div> </div> </div>	
<div style="text-align: right; font-weight: bold; font-size: 0.8em;">APPROVED</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="text-align: right; font-size: 0.7em;">DEPUTY DIRECTOR</div> <div style="font-size: 1.2em; margin-top: 10px;"><i>Ray L. Hellmich</i></div> </div> <div style="width: 35%;"> <div style="text-align: right; font-size: 0.7em;">DATE</div> <div style="font-size: 1.2em; margin-top: 10px;"><i>1/9/78</i></div> </div> </div>		<div style="text-align: center; font-weight: bold; font-size: 0.8em;">APPROVED</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="text-align: right; font-size: 0.7em;">DIRECTOR OF PERSONNEL</div> <div style="height: 30px; border: 1px solid black; margin-top: 5px;"></div> </div> <div style="width: 35%;"> <div style="text-align: right; font-size: 0.7em;">DATE</div> <div style="height: 30px; border: 1px solid black; margin-top: 5px;"></div> </div> </div>	
<b>EMPLOYEE CERTIFICATION</b>			
I have read and understand my service obligations and travel entitlements as described in this agreement.			
<div style="font-size: 1.5em; margin-top: 10px;"><i>[Signature]</i></div>		<div style="font-size: 1.5em; margin-top: 10px;"><i>[Signature]</i></div>	

**SECRET**

**SECRET**  
(When Filled In)

REPORT OF SERVICE ABROAD																	
TO: Office of Personnel, Transactions and Records Branch, Status Section																	
SERIAL NO.			NAME														
			LAST				FIRST				MIDDLE						
1-8			(Print)				7-28										
036130			FLORES				DANIEL										
INSTRUCTIONS																	
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. '88, REVISED.																	
PCS DATES OF SERVICE																	
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			CODE		O/P USE ONLY		COUNTRY				
MONTH	DAY	YEAR	MONTH	DAY	YEAR												
28-28	27-28	29-30	31-31	30-30	30-30	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION			27	30	30						
TDY DATES OF SERVICE																	
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			CODE		O/P USE ONLY		AREA(S)				
MONTH	DAY	YEAR	MONTH	DAY	YEAR												
28-28	27-28	29-30	31-31	30-30	30-30	2 - TDY (Basic) 3 - CORRECTION 4 - CANCELLATION			27	30	30						
030877			031177						2				120				
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA																	
SOURCE DOCUMENT AND CERTIFICATION																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> TRAVEL VOUCHER   <input type="checkbox"/> CABLE             OTHER (Specify) _____         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> DISPATCH   <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT             _____         </td> </tr> </table>															<input checked="" type="checkbox"/> TRAVEL VOUCHER  <input type="checkbox"/> CABLE  OTHER (Specify) _____	<input type="checkbox"/> DISPATCH  <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT  _____	
<input checked="" type="checkbox"/> TRAVEL VOUCHER  <input type="checkbox"/> CABLE  OTHER (Specify) _____	<input type="checkbox"/> DISPATCH  <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT  _____																
DOCUMENT IDENTIFICATION NO. <u>6A10-77</u>										DOCUMENT DATE/PERIOD <u>3/8-3/11/77</u>							
REMARKS																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">           PREPARED BY  <input checked="" type="checkbox"/> BY  <input type="checkbox"/> BY  <input type="checkbox"/> BY         </td> <td style="width: 30%;">           REPORT SUBMITTED ON            DATE <u>7/1/77</u> </td> <td style="width: 40%;">           ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT ENTERED            SIGNATURE <u>[Signature]</u> </td> </tr> </table>															PREPARED BY <input checked="" type="checkbox"/> BY <input type="checkbox"/> BY <input type="checkbox"/> BY	REPORT SUBMITTED ON DATE <u>7/1/77</u>	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT ENTERED SIGNATURE <u>[Signature]</u>
PREPARED BY <input checked="" type="checkbox"/> BY <input type="checkbox"/> BY <input type="checkbox"/> BY	REPORT SUBMITTED ON DATE <u>7/1/77</u>	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT ENTERED SIGNATURE <u>[Signature]</u>															
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER																	

**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

(Print)

(Print)

036130

FLORES

DANIEL

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 96, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39
									40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39
02	04	77	02	06	77	2		WESTERN HEMISPHERE	40-42

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. LA 10-77 DOCUMENT DATE/PERIOD 2/3-2/6/77

REMARKS

PREPARED BY	REPORT APPROVED BY	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DATE	DATE	SIGNATURE
10-0 DIVISION, 4700	4/1/77	Wm. E. Mangan

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

10-1051a

ADMINISTRATIVE-Internal Use Only

10-1051

**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO. 1-8	NAME		
	LAST (Print)	FIRST 7-18	MIDDLE
036130	FLORES	DANIEL	

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
04	12	77	04	15	77		2			120

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS, OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. LA 10-77	DOCUMENT DATE/PERIOD 4/12 - 4/15/77
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REMARKS

PREPARED BY OFF 1. DIVISION, CTRD. 2. DIVISION	<input checked="" type="checkbox"/> REPORT SUBMITTED ON CONTROL DOCUMENT DATE 7/14/77	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED SIGNATURE Mike Mawanga
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THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

14510

**ADMINISTRATIVE-Internal Use Only**

(14-10)

CONFIDENTIAL  
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION GIVEN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLANKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HRP 20-7 PERSONNEL SUPPLY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

NAME OF EMPLOYEE (Last) (First) (Middle)  
Flores Daniel

1. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED  
IF MARRIED, PLACE OF MARRIAGE: Lima, Peru DATE OF MARRIAGE: 18 Nov 1960  
IF DIVORCED, PLACE OF DIVORCE DECREE: N/A DATE OF DECREE:

2. MEMBERS OF FAMILY

NAME OF SPOUSE: ADDRESS (No., Street, City, State, Zip Code): Vienna, Va. 22180 TELEPHONE NO.: 573-0797  
NAME OF CHILDREN: ADDRESS: Vienna, Va. 22180 F SEX: DATE OF BIRTH:

NAME OF FATHER (or male guardian): ADDRESS: Gonzales, Texas 78629 TELEPHONE NO.: 512-672-6061

NAME OF MOTHER, INCLUDING MARIEN NAME (or female guardian): ADDRESS: N/A TELEPHONE NO.:

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

None

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HR 27-15). SPECIFY NAMES AND RELATIONSHIPS.

NAME: N/A DATE OF BIRTH: RELATIONSHIP:

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Last, First, Middle): Mr. Vicente Patlan RELATIONSHIP: Brother-in-law  
HOME ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE: 627 S. River St., Seguin, Texas 78155 HOME TELEPHONE NUMBER: 512-379-1087  
BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE: Seguin School District BUSINESS TELEPHONE & EXTENSION:

IS THE INDIVIDUAL NAMED ABOVE SITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

YES ☐ NO ☒

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

YES ☐ NO ☒

HAS THIS INDIVIDUAL BEEN THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain on reverse side.)

YES ☐ NO ☒

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

## CONFIDENTIAL

(When filled in)

5.

## VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Riggs National Bank Joint account: Daniel and/or  
Flores

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? ☒ YES ☐ NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? ☒ YES ☐ NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☒ YES ☐ NO. (If "Yes" where is document located?)

At home. New is being prepared.

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?

☒ YES ☐ NO. (If "Yes" give name(s) and address) Mr. and Mrs. [redacted]

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes", who possesses the power of attorney?)

6.

## ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

7.

## RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY

(No Approval Required)

RESIDENCE WHEN EMPLOYED (Full Address)

PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3  
(Full Address)

8.

## CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3)

(To Be Completed by Employee Experiencing Such Change While Assigned to Headquarters)

FULL ADDRESS

DEPUTY DIRECTOR OR DESIGNATE

DATE

DIRECTOR OF PERSONNEL (when applicable)  
cable per HR 22-3)

DATE

SIGNED AT

DATE

SIGNATURE

*Daniel Flores* *Dec 30 1977*

CONFIDENTIAL



SECRET  
(When Filled In)

# REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
1-6 026130	(Print) FICKLE	7-24 DONIC	

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

## PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
29-28	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

## TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
12	14	77	12	15	77		2			120

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> HFB	DATE 2/1/78	SIGNATURE <i>Robert D. Jone</i>
<input checked="" type="checkbox"/> C & L DIVISION, CTSD.		
<input type="checkbox"/> C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-8  
026130

(Print)

FLORIS

7-16

DANIEL

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 99, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39		40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38	39		40-42
01	16	78	01	19	78		2			WESTERN H.	811

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
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REMARKS
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PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
WCO	DATE	SIGNATURE
C & L DIVISION, CTBB.	2/6/78	Daniel J. Farn
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

ADMINISTRATIVE  
Internal Use Only

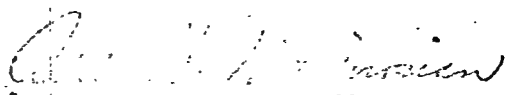
## REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.			NAME		
LAST			FIRST		
1-6			7-24		
026130			FLORES DANIEL		
INSTRUCTIONS					
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.					
PCS DATES OF SERVICE					
ARRIVAL O/S			DEPARTURE O/S		
TYPE OF DATA			O/P USE ONLY		
COUNTRY			CODE		
MONTH DAY YEAR			MONTH DAY YEAR		
25-26 27-28 29-30			31-32 33-34 35-36		
1 - PCS (Basic)			37		
2 - CORRECTION			38 39		
3 - CANCELLATION			40-42		
TOY DATES OF SERVICE					
ARRIVAL O/S			DEPARTURE O/S		
TYPE OF DATA			O/P USE ONLY		
AREA(S)			CODE		
MONTH DAY YEAR			MONTH DAY YEAR		
25-26 27-28 29-30			31-32 33-34 35-36		
2 - TOY (Basic)			37		
3 - CORRECTION			38 39		
4 - CANCELLATION			40-42		
WESTERN HEMISPHERE 811					
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA					
SOURCE DOCUMENT AND CERTIFICATION					
TRAVEL VOUCHER			DISPATCH		
CABLE			DUTY STATUS OR TIME AND ATTENDANCE REPORT		
OTHER (Specify)					
DOCUMENT IDENTIFICATION NO.			DOCUMENT DATE PERIOD		
REMARKS					
PREPARED BY			REPORT SUBMITTED TO		
DCO			CONTROL DOCUMENT		
C & A DIVISION CPOB.			DATE		
C & Y DIVISION			SIGNATURE		
			ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED		
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER					



## CONFIDENTIAL

SE TRAINING REPORT		SOVIET/EAST EUROPEAN OPERATIONS COURSE	
STUDENT Flores, Daniel		YEAR OF BIRTH 1935	GRADE GS-12
ECO DATE March 1962	OFFICE LA	SERVICE DESIGNATION D	COURSE DATES 7 - 15 November 1977
<p align="center"><b>COURSE OBJECTIVES</b></p> <p>To orient the student on the special nature of the Directorate of Operation's Soviet/East European target and to examine the application of clandestine methods for collecting information on assessing and preparing recruitment operations against Soviet/East European personalities.</p>			
<p align="center"><b>ACHIEVEMENT RECORD</b></p> <p>This is a certificate of attendance. No evaluation is made of individual performance in the course.</p>			
<p align="right">   SE Training Officer </p>			

FORM 3687 OBSOLETE PREVIOUS EDITIONS

CONFIDENTIAL

E-2. IMPDET CL. BY. 059524 (04-45)

CONFIDENTIAL

OFFICE OF TECHNICAL SERVICES

BEHAVIORAL ACTIVITIES BRANCH

[Redacted]

1. This certifies that Daniel Flores - LA has completed five days of training in the course, [Redacted]  
[Redacted]

2. Primary goals of the course are to familiarize Agency case officers with [Redacted]  
[Redacted]

3. This is a certificate of attendance only. Student achievement was not evaluated.

  
[Redacted]  
OTS/Training Branch

E2 IMPDET CL BY 019432

CONFIDENTIAL

**S-E-C-R-E-T**

### TRAINING REPORT/CERTIFICATION OF HANDGUN QUALIFICATION

**TITLE:** Countering Terrorist Tactics Course No. 16-77 **DATES:** 19-23 September 1977

STUDENT: FIDIAS, Daniel OFFICE: LA SD: D

**PURPOSE AND SCOPE OF COURSE:**

(S) This course stressed countermeasures to thwart terrorist acts against U.S. personnel abroad. [redacted]

**PERFORMANCE RECORD:**

(U/ALUO) This is to certify that the student has satisfactorily completed the prescribed course of instruction.

**HANDGUN QUALIFICATION:**

(C) Student completed 24 hours of instruction on handguns at the [redacted] on 23 September 1977; subsequently fired the handgun Qualification test achieving a score of: [redacted]

Revolver (Cal. - .38) 289

Automatic (Cal. - 9mm) 255

out of a possible 300.

(U/ALUO) The student demonstrated satisfactory application of safety procedures; mechanical aptitude; marksmanship techniques; and maintenance during range firing/classroom sessions; and is qualified to use the handguns (or similar guns) listed above.

FOR THE DIRECTOR OF TRAINING:

Chief, Special Activities Branch/OTD

9/26/77  
Date

**S-E-C-R-E-T**

E2 IMPDET  
CL by 056382

## REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO	NAME	
1-5	LAST FIRST MIDDLE	
E-16136	(Print) 7-28	
E-16136	1400 April	

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA AND EITHER PCS OR TDY. INSERT APPROPRIATE "USE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (See only) REPORT DATES BY USING THE MONTHS AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REPTD

### 205. DATES OF SERVICE

[illegible]

### 124 DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 = TDY (Housing) 4 = CORRECTION 6 = CANCELLATION	CODE				CODE
33-36	27-28	29-30	31-32	33-34	35-36		37	38	39		40-42
33	28	76	31	28	76		2				120

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

✓ TRAVEL JOURNAL	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
89-64-2-72	1-62-76 15-30 Sept 77

REWARD:

PREPARED BY [Signature]		REPORT SUBMITTED TO CONTROL DIVISION	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITE
DATE 10/10/50	DATE 10/10/50	SIGNATURE [Signature]	SIGNATURE [Signature]

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-6

(Print)

7-28

056150

Flannery

Donald

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	ARTICLE	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38	39
2	1	77	0	1	77		2		

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

4A-10-77

DOCUMENT DATE/PERIOD

1 Dec 76 to 30 Sept 77

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
SEA	DATE	SIGNATURE
C & L DIVISION, CYRO.	21.2.77	
C & L DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**ADMINISTRATIVE**  
Internal Use Only

REPORT OF SERVICE ABROAD												
<b>TO:</b> Office of Personnel, Control Division, Statistical Reporting Branch												
<b>SERIAL NO.</b>  1-0 <b>036130</b>		<b>NAME</b>										
		<b>LAST</b> (Print) <b>FLORES</b>			<b>FIRST</b> 7-26 <b>DANIEL</b>				<b>MIDDLE</b>			
INSTRUCTIONS												
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.												
PCS DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION			CODE	CODE 40-42		
25-26	27-28	29-30	31-32	33-34	35-36				37			38
TDY DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION			CODE	CODE 40-42		
25-26	27-28	29-30	31-32	33-34	35-36				37			38
02	09	77	02	18	77				2			
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA												
<i>per. Jague 5467</i>												
SOURCE DOCUMENT AND CERTIFICATION												
<input checked="" type="checkbox"/> TRAVEL VOUCHER  <input type="checkbox"/> CABLE  <input type="checkbox"/> OTHER (Specify)						DISPATCH  DUTY STATUS OR TIME AND ATTENDANCE REPORT						
DOCUMENT IDENTIFICATION NO. <b>LA 10-77</b>						DOCUMENT DATE/PERIOD <b>2/9 - 2/18/77</b>						
REMARKS												
PREPARED BY				REPORT ANNOTATED ON CONTROL DOCUMENT				ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED				
<input checked="" type="checkbox"/> C & L DIVISION, CTRD. <input checked="" type="checkbox"/> C & T DIVISION				DATE <b>3/25/77</b>				SIGNATURE <i>Mike Mawanga</i>				
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER												

**ADMINISTRATIVE  
Internal Use Only**

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-6

(Print)

7-28

036130

FLORES

DANIEL

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
02	22	77	02	25	77		2			120

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

LA 10-77

DOCUMENT DATE/PERIOD

2/22-2/25/77

REMARKS

PREPARED BY	REPORT SUBMITTED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO		
C & L DIVISION, CYDR.	DATE	SIGNATURE
C & T DIVISION	3/25/77	Mike Mawang
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER		

**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
036130	ELCRES	DANIEL	

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Only only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
03	03	77	03	05	77		2		WESTERN HEMISPHERE	811

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. LA 10-77 DOCUMENT DATE PERIOD 3/3-3/5/77

REMARKS

PREPARED BY	REPORT SUBMITTED TO	ADDITIONAL DATA CERTIFIED CORRECTLY BASED UPON SOURCE DOCUMENT
DATE	DATE	SIGNATURE
3/25/77	3/25/77	<i>Walter D. [Signature]</i>

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

14510

ADMINISTRATIVE-Internal Use Only

**CONFIDENTIAL**  
(When Filled In)

### RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HMB 20-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

#### GENERAL

NAME OF EMPLOYEE (Last) **Flores** (First) **Daniel** (Middle)

#### 1. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE

**Lima, Peru**

DATE OF MARRIAGE  
**18 Nov 1960**

IF DIVORCED, PLACE OF DIVORCE DECREE

DATE OF DECREE

#### 2. MEMBERS OF FAMILY

NAME OF SPOUSE **[Redacted]** ADDRESS (No., Street, City, State, Zip Code) **Vicenna, Va. 22180** TELEPHONE NO. **573-0797**

NAMES OF CHILDREN **[Redacted]** ADDRESS **(Same as above)** SEX **F** DATE OF BIRTH **[Redacted]**

NAME OF FATHER (or male guardian) ADDRESS TELEPHONE NO.

NAME OF MOTHER, INCLUDING MACHIN NAME (or female guardian) ADDRESS TELEPHONE NO.

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

**Mr. [Redacted] - Brother-in-law**

#### 3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HMB 22-15). SPECIFY NAMES AND RELATIONSHIPS.

NAME	DATE OF BIRTH	RELATIONSHIP
<b>Mr. [Redacted]</b>		<b>Brother-in-law</b>

#### 4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) **Mr. Vincente Paltan** RELATIONSHIP **Brother-in-law**

HOME ADDRESS (No., Street, City, State, Zip Code) and HOME TELEPHONE NUMBER **627 South River St., Seguin, Tex. 78155 512-379-1087**

BUSINESS ADDRESS (No., Street, City, State, Zip Code) and HOME TELEPHONE NUMBER **Seguin School District System**

IF THE ABOVE IS A NAME ABOUT WHICH YOU HAVE DOUBT, INDICATE IT BY CHECKING HERE AND ADDRESS OF ORGANIZATION OR AGENCY TO BE NOTIFIED

**[Redacted]** ☒

IF THE ABOVE IS A NAME OF A PERSON WHO IS NOT A MEMBER OF THE ORGANIZATION, CHECK HERE AND ADDRESS OF ORGANIZATION OR AGENCY TO BE NOTIFIED

**[Redacted] - Spouse** ☒

IF THE ABOVE IS A NAME OF A PERSON WHO IS NOT A MEMBER OF THE ORGANIZATION, CHECK HERE AND ADDRESS OF ORGANIZATION OR AGENCY TO BE NOTIFIED

**[Redacted]** ☒

IF THE ABOVE IS A NAME OF A PERSON WHO IS NOT A MEMBER OF THE ORGANIZATION, CHECK HERE AND ADDRESS OF ORGANIZATION OR AGENCY TO BE NOTIFIED

**[Redacted]** ☒

**CONFIDENTIAL**

## CONFIDENTIAL

(When Filled In)

5. VOLUNTARY ENTRIES	
Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.	
INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.	
ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)	
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)	
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes", who possesses the power of attorney?)	
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS	
7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY (No Approval Required)	
RESIDENCE WHEN EMPLOYED (Full Address)	PERMANENT PLACE OF RESIDENCE AS DEFINED IN NR 22-2 (Full Address)
8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See NR 22-2) (To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)	
FULL ADDRESS	DEPUTY DIRECTOR OR DESIGNEE
	DATE
	CLASSIFICATION OF PERSONNEL (When Applicable) (Refer to NR 22-2)
SIGNED BY	DATE
<i>H. J.</i>	<i>1/51</i>

CONFIDENTIAL

**SECRET**  
(When Filled In)

REPORT OF SERVICE ABROAD																				
TO: Office of Personnel, Control Division, Statistical Reporting Branch										<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>FILE</b>  <b>PURCHASED</b>  <b>BY 4</b> </div>										
SERIAL NO.		NAME																		
		LAST		FIRST				MIDDLE												
036130		FLORES		DANIEL																
INSTRUCTIONS																				
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO DPM NO. 98, REVISED.																				
PCS DATES OF SERVICE																				
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY									
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION			27 28 29		CODE 40-42									
25-26	27-28	29-30	31-32	33-34	35-36															
TDY DATES OF SERVICE																				
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)									
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION			27 28 29		CODE 40-42									
25-26	27-28	29-30	31-32	33-34	35-36															
04	26	76	05	08	76	2					WESTERN Hem 861									
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA																				
SOURCE DOCUMENT AND CERTIFICATION																				
TRAVEL VOUCHER						DISPATCH														
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT														
OTHER (Specify)																				
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE PERIOD														
870-7-76						April 26 - May 9 76														
REMARKS																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PREPARED BY</td> <td>REPORT SUBMITTED ON</td> <td>ADJUDICATED DATA CERTIFIED CORRECT BASED UPON SOURCE DOCUMENT FILED</td> </tr> <tr> <td>DATE</td> <td>DATE</td> <td>SIGNATURE</td> </tr> <tr> <td>6-8-76</td> <td></td> <td></td> </tr> </table>												PREPARED BY	REPORT SUBMITTED ON	ADJUDICATED DATA CERTIFIED CORRECT BASED UPON SOURCE DOCUMENT FILED	DATE	DATE	SIGNATURE	6-8-76		
PREPARED BY	REPORT SUBMITTED ON	ADJUDICATED DATA CERTIFIED CORRECT BASED UPON SOURCE DOCUMENT FILED																		
DATE	DATE	SIGNATURE																		
6-8-76																				
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER																				

FORM 1451a (REVISED 1-64)

SECRET

(10-141)

**ADMINISTRATIVE**  
Internal Use Only

REPORT OF SERVICE ABROAD												<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>FILE PUNCHED BY 170</b> </div>	
TO: Office of Personnel, Control Division, Statistical Reporting Branch													
SERIAL NO			LAST		FIRST		MIDDLE		NAME				
1-4			(Print)		1-10								
036130			FLORES		DANIEL								
INSTRUCTIONS													
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION ( <i>One only</i> ). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.													
PCS DATES OF SERVICE													
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	2 - CORRECTION	3 - CANCELLATION	1967	1968	1969	CODE	
28-28	27-28	29-30	31-32	33-34	35-36				37	38	39	40-42	
TDY DATES OF SERVICE													
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - TDY (Basic)	2 - CORRECTION	3 - CANCELLATION	1967	1968	1969	CODE	
28-28	27-28	29-30	31-32	33-34	35-36				37	38	39	40-42	
06	15	76	06	20	76				2			WESTERN HEMISPHERE 811	
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA													
SOURCE DOCUMENT AND CERTIFICATION													
<input checked="" type="checkbox"/> TRAVEL VOUCHER <input type="checkbox"/> CABLE OTHER (Specify) _____						<input type="checkbox"/> DISPATCH <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT							
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD							
LA 07-76						6-14-76							
REMARKS													
PREPARED BY <input type="checkbox"/> S & DIVISION <input type="checkbox"/> S & DIVISION <input type="checkbox"/> S & DIVISION						REPORT APPROVED BY CONTROL DIVISION DATE 9-20-76				ABOVE DATA CERTIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED SIGNATURE C. Wohlfert			
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER													



C-O-N-F-I-D-E-N-T-I-A-L

TRAINING REPORT

Instructor Training Workshop

Student: Flores, Daniel      Office: OTR  
Year of Birth: 1935      SD: D  
Grade: GS-12      EOD Date: 1962  
Number of Students Enrolled: 6      Date of Course: 7/26 - 8/8/76

COURSE OBJECTIVES--CONTENT AND METHODS

The Workshop objectives provide participants with a knowledge of the major principles, methods, and practices of effective instruction, and an opportunity to develop skills as an instructor by applying this knowledge in an instructional setting. Participants are able to analyze their audience and teaching objectives, prepare lesson plans, effectively present the material to be learned, and then evaluate the results of their training efforts.

The instruction required maximum student involvement with major emphasis on the application of instructional methods in the students presentation of units of instruction. Students were not graded during the Workshop, but they were constructively evaluated by the instructor and fellow participants both verbally and through the use of video tape.

Students were required to give a fifteen-minute lecture, a twenty-minute demonstration, and a fifty-minute lesson in his basic subject.

ACHIEVEMENT RECORD

This is a certificate of attendance only, since examinations are not used in the course.

FOR THE DIRECTOR OF TRAINING

11/10/76 *Stanley W. Specker*  
DATE STANLEY W. SPECKER  
Chief Instructor

E 2 IMPDET CL BY 010628

C-O-N-F-I-D-E-N-T-I-A-L

ADMINISTRATIVE  
Internal Use Only

0.361.30  
31/135/4534

REPORT OF SERVICE ABROAD											
TO: Office of Personnel, Control Division, Statistical Reporting Branch											
SERIAL NO.		LAST		FIRST		NAME		<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <b>FILE PUNCHED BY</b> </div>			
1-8		(Point)		3-28		MONTH					
036130		FLEANS		MURIEL							
INSTRUCTIONS											
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 98, REVISED.											
PCS DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION		CODE	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36			27	40-42		
TDY DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION		CODE	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36			27	40-42		
07	16	75	07	19	75			2			LA 811
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA											
SOURCE DOCUMENT AND CERTIFICATION											
<input checked="" type="checkbox"/> TRAVEL VOUCHER <input type="checkbox"/> CABLE <input type="checkbox"/> OTHER (Specify)						DISPATCH					
						DUTY STATUS OR TIME AND ATTENDANCE REPORT					
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD					
REMARKS											
PREPARED BY			REPORT ANNOTATED ON CONTROL DOCUMENT			ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED					
BLO			DATE			SIGNATURE					
B L DIVISION, CTDR.			11/11/75			R. B. King					
I & T DIVISION											
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER											

**ADMINISTRATIVE  
Internal Use Only**

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

**FILE  
PUNCHED  
BY**

SERIAL NO. 1-5	NAME	
	LAST (Print)	FIRST 7-24
036130	FLORES	DANIEL

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Use only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39	LATIN AMERICAN	40-42
07	25	75	07	29	75		2			805

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
-----------------------------	----------------------

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCB	DATE	SIGNATURE
<input checked="" type="checkbox"/> C & L DIVISION, CTRD.	12/1/75	[Signature]
<input type="checkbox"/> C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

## REPORT OF SERVICE ABROAD

TO: **FILE**  
Office of Personnel Control Division, Statistical Reporting Branch

SERIAL NO.

NAME \_\_\_\_\_

**LAST**

F195

MIDDLE

036130

F 2010.5

7-24 DANIEL

### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 50, REVISED.

### PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	27 28 29	40-42

## TOY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE	ANALYSIS	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE	ONLY	WH AREA	CODE
25-26	27-28	29-30	31-32	33-34	35-36		37	38 39		40-42
1	20	8	7	5	1		2			

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

✓ TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	


DOCUMENT IDENTIFICATION NO.

IDENTIFICATION NO.  
44-07-76

DOCUMENT DATE/PERIOD

1) L.C. 3-13-75

## REMARKS

PREPARED BY		REPORT ANNOTATED IN CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO			
B & L DIVISION, CTDB.		DATE	SIGNATURE 
C & T DIVISION			

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

**FILE  
PUNCHED  
BY**

SERIAL NO.

NAME

036130

LAST

FIRST

(Print)  
FLORES

7-28  
DANIEL

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 56, REVISED.

#### PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

#### TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
10	15	75	10	22	75		2		WESTERN HEM.	811

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify):	

DOCUMENT IDENTIFICATION NO.

LA-145-76

DOCUMENT DATE/PERIOD

10/15-22/75

REMARKS

PREPARED BY	REPORT INDICATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE	SIGNATURE
C & L DIVISION, CTRD.		
C & P DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
036130	FLORES	DANIEL	

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

#### PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39	40-42

#### TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39	40-42
10	30	75	11	04	75		2	WM BRET	811

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

LA 166-76

DOCUMENT DATE/PERIOD

OCT 30 - NOV 4-75

REMARKS

PREPARED BY	REPORT SUBMITTED ON	ADVISOR DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT FILED
DATE	DATE	

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 1051a

**SECRET**

(10-10)

**ADMINISTRATIVE**  
Internal Use Only

SIE

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Report

**FILE  
PUNCHED  
BY**

SERIAL NO.

NAME

LAST

FIRST

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(PRINT)

7-24

036130

ELKINS

SMITH

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 80, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	D/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	D/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39	LATIN AMERICAN	40-42
08	16	75	09	02	75		2			805

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT APPROVED BY	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DATE	DATE	SIGNATURE

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 151A

ADMINISTRATIVE-Internal Use Only

10-101

SECRET  
(When Filled In)

5/15

# REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical **FILE** Branch

SERIAL NO.

036130

LAST

(Print)

Flores

FIRST

7-26

Daniel

NAME

BY

MIDDLE

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 56, REVISED.

## PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39

## TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39
0	6	0	5	7	5		2		

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT SUBMITTED BY	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
SGO	DATE 5/15/75	SIGNATURE [Signature]
<input checked="" type="checkbox"/> C & I DIVISION, CTR.		
<input type="checkbox"/> C & P DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 1451a (1-64) (1-64)

SECRET

18-101



SECRET

OFF

18 NOV 1975

MEMORANDUM FOR THE RECORD

SUBJECT: Meritorious Unit Citation -- Cuban Operations Group,  
Latin America Division

On 13 November 1975 the Director of Central Intelligence approved award of the Meritorious Unit Citation to the Cuban Operations Group in recognition of the outstanding performance of the following employees from 1 October 1974 to 30 September 1975:

Felipe Acevedo  
Carol A. Barr  
Vivian A. Barry

Thomas G. Clines

Mary D. Felton  
Daniel Flores

Ann Goldsworthy  
Clyde I. Hinkley  
Christine Hopkins

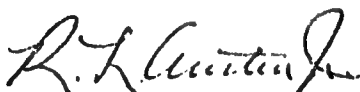
Myron M. Kline

Mary Musgrave

Nestor D. Sanchez

Len Therry

Donald Venute  
William Watkins



R. L. Austin, Jr.  
Recorder

Honor and Merit Awards Board

Distribution:

- 1 - Each OPF
- 1 - C/LA
- 1 - Recorder/HMAB
- 1 - Exec Sec/HMAB

SECRET

E2 Impdet C1 By 014029

**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**FILE  
PUNCHED  
BY/6**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME
1-5 <b>36130</b>	LAST (Print) <b>ELCZER</b> FIRST (Print) <b>DANIEL</b>

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39		40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39		40-42
07	04	75	07	14	75		2			WH	811

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT SUBMITTED TO CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT - BASED UPON SOURCE DOCUMENT CITES
DATE	7/15/75	SIGNATURE

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET  
(When Filled In)

FILE

POSTED  
BY/4

# REPORT OF SERVICE ABROAD

TO:

Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. -

NAME

LAST

FIRST

MIDDLE

036130

Flares

Daniel

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

## PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	CODE	37	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36	3 - CORRECTION					40-42
			03	05	74	5 - CANCELLATION	1				570

## TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic)	CODE	37	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36	4 - CORRECTION					40-42
						5 - CANCELLATION					

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
<input checked="" type="checkbox"/> CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 185131

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT APPROVED OR CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE 3/28/74	SIGNATURE [Signature]
C & L DIVISION, CTDO.		
C & S DIVISION		

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IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**ADMINISTRATIVE  
Internal Use Only**

S/E

**REPORT OF SERVICE ABROAD**

**FILE  
PUNCHED  
BY**

**TO:** Office of Personnel, Control Division, Statistical Reporting

**SERIAL NO.**

**NAME**

**LAST**

**FIRST**

036130

FLORES

DANIEL

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38-39		40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38-39		40-42
10	05	74	10	07	74		2		Europe	801

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

**DOCUMENT IDENTIFICATION NO.**

WH 119-75

**DOCUMENT DATE/PERIOD**

10/4 - 10/2/74

**REMARKS**

<b>PREPARED BY</b>	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	<b>ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED</b>
<b>DATE</b>	<b>SIGNATURE</b>	
12/23/74	Daniel L. Harner	

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IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 1451a

**ADMINISTRATIVE-Internal Use Only**

(4-10)

**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, States Section

**FILE  
INDEXED  
BY 12**

SERIAL NO.	NAME
1-6	LAST FIRST MIDDLE
025 2	FLORES 12-14 1961

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 59, REVISED.

#### PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY	COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	CODE	37 38 39		CODE 40-42
25-26	27-28	29-30	31-32	33-34	35-36		37			

#### TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY	AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE	37 38 39		CODE 40-42
07	07	74	07	11	74		2		62 H	811

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
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REMARKS
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PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
SEC	DATE 9/10/64	SIGNATURE [Signature]
C & L DIVISION, CTRD.		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

**FILE  
PUNCHED  
BY**

TO: Office of Personnel, Control Division, Statistical Reporting

SERIAL NO.	NAME
1-6 036130	LAST FIRST MIDDLE (Print) FLORES DANIEL

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFF NO. 58 REVISED.

#### PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY	COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	CODE			CODE
25-26	27-28	29-30	31-32	33-34	35-36	3 - CORRECTION	37	38	39	40-42
						5 - CANCELLATION				

#### TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY	AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic)	CODE			CODE
25-26	27-28	29-30	31-32	33-34	35-36	4 - CORRECTION	37	38	39	40-42
06	13	74	06	21	74	5 - CANCELLATION	2			P11

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 6A 542-74	DOCUMENT DATE/PERIOD 6/13-6/14/74
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REMARKS
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PREPARED BY	DATE	SIGNATURE
	9 May 74	

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IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

14-00000

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ADMINISTRATIVE  
Internal Use Only

S/E

## REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

036130

LAST

FIRST

(Print)

FLORES

(Print)

DANIEL

INSTRUCTIONS

FILE  
PUNCHED  
BY

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

## PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42

## TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42
08	12	74	08	16	74	2			LA AREA	811

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> Other (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE PERIOD

12-17 June 74

WITNESSES

PREPARED BY	REVIEWED BY	APPROVED BY

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IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

10010

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FIELD REASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY		
1. NAME OF EMPLOYEE (use pseudonym only if SA)	2. DATE (from item 3-1)	3. NAME OF SUPERVISOR (true)	4. DATE (from item 3-2)	
Daniel Flores	27 Feb 73	Richard Welch	27 Feb 73	
5. DATE RECEIVED AT HEADQUARTERS:		6. DISPATCH NUMBER:		
2 March 1973		HPLT-6592		
7. TO BE COMPLETED BY EMPLOYEE				
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
4 Aug 1935		GS-11 FI Case Officer		LN FALL
6A. DATE OF PCS ARRIVAL IN FIELD	6B. REQUESTED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
24 Sept 1971	30 Nov 1974	1 Feb 1975	15 Feb 1975 (depending on training.)	
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:				
Wife: 37, daughter: 3				
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:				
None				
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)				
<p>September 1971 - July 1972 - Activities of the [ ] and [ ] Preparation of project outlines and progress reports.</p> <p>August 1972 - Present - [ ] Operations. [ ] capability. Preparation of project outlines and progress reports.</p>				
10. TRAINING DESIRED:				
<p>INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS</p> <p>In the near future I would like to take an advanced operations course. In connection with this, I would like to concentrate on the [ ] and [ ] targets in Latin America. Special courses in these two areas would be extremely helpful. Some time in the future I would like to attend the mid-career course.</p>				

702

SECRET



## SECRET

<p>11. PREFERENCE FOR NEXT ASSIGNMENT</p> <p>11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.</p> <p>At this point in my career the [ ] and [ ] targets are of major interest to me. Although I would prefer to work on [ ] operations in my next assignment, as an alternative I would consider working on [ ] operations.</p>	
<p>11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, OR 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.</p> <p><input checked="" type="checkbox"/> EXTEND TOUR <u>14</u> MONTHS AT CURRENT STATION TO <u>31 November 1974</u> (date)</p> <p><input type="checkbox"/> BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE. 1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____</p> <p><input checked="" type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION 1ST CHOICE <u>Caracas</u> 2ND CHOICE <u>Mexico</u> 3RD CHOICE [ ]</p> <p><input type="checkbox"/> RETURN TO MY CURRENT STATION</p>	
<p>TO BE COMPLETED BY FIELD STATION</p> <p>12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:</p> <p>Concur. This officer is doing a good job on his assigned targets and his overall abilities give the Station a flexibility it often needs to call on.</p>	
<p>TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE</p> <p>13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.</p> <p>Subject's tour has been extended fourteen months to 31 November 1974.</p> <p>DATE <u>4/23/73</u> TITLE <u>C/MH/Pers</u> SIGNATURE <u>H. L. Beythold</u></p>	
<p>FOR USE BY CABLE SERVICE</p> <p>14. APPROVED ASSIGNMENT:</p> <p>15. EMPLOYEE NOTIFIED BY DISPATCH NO. <u>HPIS-3284</u> DATE (typed) <u>23 Apr 73</u></p> <p>CABLE NO. _____ DATE: _____</p> <p>CABLE SERVICE REPRESENTATIVE: _____ DATE: _____</p>	

SECRET

**SECRET**  
(When Filled In)

## REPORT OF SERVICE ABROAD

FILE  
PUNCHED  
as Section  
BY

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
1-0	(Print)	7-24	
036130	FLORES	DANIEL	

### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CONNECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REF. TO OFI NO. 88, REVISED.

### PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA 1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
28-29	27-28	29-30	31-31	25-24	26-26				
			05	28	71	1		Ecuador	195

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY	AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR					CODE
28-28	27-28	29-30	31-32	33-34	35-36	2 - TOY (Basic)	1988			
						4 - CORRECTION	97	38 39		40-62
						8 - CANCELLATION				

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

**SOURCE DOCUMENT AND CERTIFICATION**

	TRAVEL VOUCHER		DISPATCH
X	CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER (Specify)		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
16318	29 May 1971

## REMARKS

PREPARED BY		REPORT SUBMITTED ON	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
SAC		CONTROL DOCUMENT	
F B I DIVISION, LTMO.		DATE	SIGNATURE
F B I DIVISION		6/9/73	

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
*when filled in*

### SERVICE ABROAD AGREEMENT

## I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE AHEAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR APOVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTINUATION BY AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

NAME OF EMPLOYEE	DATE	TIME	LOCATION	REMARKS
...	...	...	...	...

**Daniel Flores**

50

D

## II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT

**Currently Guayaquil, Ecuador**

**and Next Assignment: Lima Peru**

2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A, B, OR C BELOW

A. STANDARD TOUR OF DUTY OF 24 MONTHS

**X**

C. NONSTANDARD TOUR OF DUTY OF \_\_\_\_\_ WITHIN FOR  
THIS TOUR ONLY FOR THE EMPLOYER SIGNING THIS AGREEMENT.  
(See HZ 20-18)

REQUESTED (Memo attached)

OPERATING OFFICIAL

8. NONSTANDARD TOUR OF DUTY OF \_\_\_\_\_ 00151425  
PREVIOUSLY APPROVED PER HR 10-18.

**CONCUR**

### CAREER SIPPICE

DEPUTY DIRECTOR

OPERATING OFFICIAL

APPROVED

# DIRECTOR OF PEDIGREE

### III. PERMANENT PLACE OF RESIDENCE

3. YOUR "PERMANENT PLACE OF RESIDENCE" IS A PLACE TO WHICH ALLOWABLE TRAVEL AND TRANSPORTATION EXPENSES MAY BE AUTHORIZED IN CERTAIN CIRCUMSTANCES PLEASANT TO MR 22. ITS DESIGNATION WILL BE KEPT IN YOUR OFFICIAL PERSONNEL FOLDER.

4. IN REQUESTING YOUR PERMANENT PLACE OF RESIDENCE IN ITEM 5 ON THE DEGREE SIDE, YOU WILL (FOR PROCEEDINGS NO. 2233) NORMALLY INDICATE THE PLACE WHERE YOU PHYSICALLY DREW UP THE AFFIDAVIT. IF THE AFFIDAVIT STATES, IN A POLICE STATION OR THE COMMONWEALTH OF PUERTO RICO AT THE TIME OF YOUR PHYSICAL TRANSFER TO A POST APPROX. YOUR HOME ADDRESS IN ITEM 6 THE DESIGNATION OF ANOTHER PLACE AS YOUR PERMANENT PLACE OF RESIDENCE IF YOU CAN SATISFACTORILY PROVE THAT YOUR PHYSICAL DRESSING PLACE IS (FOR MAJ) TRANSITORY AND THAT SOME OTHER PLACE IS YOUR COMPLICITO. WHAT WAS PREVIOUSLY BEEN USED BY YOU AS A PHYSICAL DRESSING PLACE. INFORMATION THAT CAN BE PRESENTED IN AN ATTACHED STATEMENT AS EVIDENCE INCLUDING BUT IS NOT LIMITED TO, STATE GOV'T RECOGNITION, PROPERTY OWNERSHIP AND PLACE WHERE INCOME OR PERSONAL PROPERTY TAXES HAVE BEEN PAID.

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(When Filled In)

<b>3. PHYSICAL DETAILING PLANS (Permanent Place of Residence unless address in item 6 is approved in lieu thereof)</b>  FULL ADDRESS:  <p align="center">Washington, D. C.</p>		<b>6. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 3)</b>  FULL ADDRESS:  	
		<b>CONCUR</b>	
DEPUTY DIRECTOR  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>		DATE  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>	
APPROVED  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>		APPROVED  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>	
DEPUTY DIRECTOR  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>		DATE  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>	
APPROVED  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>		APPROVED  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>	
DEPUTY DIRECTOR  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>		DATE  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>	
APPROVED  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>		APPROVED  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>	
<b>IV. HOME LEAVE POINT</b>			
<b>7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.</b>			
<b>8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF HR 20-30B(3)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.</b>			
<b>9. DESIGNATION PER ITEM 7 ABOVE</b>  FULL ADDRESS:  <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px auto;"></div> <p align="center">Milwaukie, Oregon</p>		<b>10. DESIGNATION PER ITEM 8 ABOVE.</b>  FULL ADDRESS:  	
		<b>CONCUR</b>	
DEPUTY DIRECTOR  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>		DATE  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>	
APPROVED  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>		APPROVED  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>	
DEPUTY DIRECTOR  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>		DATE  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>	
APPROVED  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>		APPROVED  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>	
DEPUTY DIRECTOR  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>		DATE  <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>	
<b>EMPLOYEE CERTIFICATION</b>			
I have read and understand my service obligations and travel entitlements as described in this agreement.			
SIGNATURE OF EMPLOYEE  See Dispatch Attached		DATE  5/20/71	

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### RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HRD 20-1, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL--AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

#### GENERAL

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
FLORES	Daniel		

1. MARITAL STATUS (check one)

<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
---------------------------------	---	------------------------------------	-----------------------------------	----------------------------------	-----------------------------------

IF MARRIED, PLACE OF MARRIAGE: Lima, Peru DATE OF MARRIAGE: 18 November 1960

IF DIVORCED, PLACE OF DIVORCE DECREE: MEX DATE OF DECREE: \_\_\_\_\_

2. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, State, Zip Code)	TELEPHONE NO.
NAME OF CHILDREN	ADDRESS	SEX DATE OF BIRTH
	(Same as above.)	F
NAME OF FATHER (or male guardian)	ADDRESS	TELEPHONE NO.
Jose S. Flores	Box 39, Gonzales, Texas 78629	512-672-6061
NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian)	ADDRESS	TELEPHONE NO.
Agustina Flores (Deceased)		

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

Mr. \_\_\_\_\_

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HR 22-15). SPECIFY NAMES AND RELATIONSHIPS.

NAME	DATE OF BIRTH	RELATIONSHIP

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss)	(Last-First-Middle)	RELATIONSHIP
Mr.		Brother-in-law
HOME ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE		HOME TELEPHONE NUMBER
Seguin, Texas 78155		512-379-7620
BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

YES ☒ X  
NO ☐

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

YES ☐  
NO ☒ X

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

YES ☒ X  
NO ☐

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

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<b>5. VOLUNTARY ENTRIES</b>		
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p align="center">The Riggs National Bank, Federal Office, 1750 Pennsylvania Avenue, N.W., Washington D.C.</p>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possesses the power of attorney?)</p>		
<b>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b>		
<b>7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY</b> (No Approval Required)		
RESIDENCE WHEN EMPLOYED (Full Address)	PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)	
<b>8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3)</b> (To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)		
FULL ADDRESS	DEPUTY DIRECTOR OR DESIGNEE	DATE
	DIRECTOR OF PERSONNEL (when applicable per HR 22-3)	DATE
SIGNED AT <i>Headquarters</i>	DATE <i>7 June 62</i>	SIGNATURE <i>Clair D. Over</i>

**CONFIDENTIAL**

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY		
NAME OF EMPLOYEE (use pseudo only if SA)		DATE (from item 5-D)	NAME OF SUPERVISOR (true)	DATE (from item 5-2)
Daniel Flores			Robert Fambrini	
DATE RECEIVED AT HEADQUARTERS:		DISPATCH NUMBER:	DATE RECEIVED BY CAPTER SERVICE:	
30 October 1970		HEQT 1506	04 MAR 1971	
TO BE COMPLETED BY EMPLOYEE				
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. LEAVE FOR CURRENT COVER
4 August 1935		Operational Officer GS-10	Guayaquil	ENCUFF
6A. DATE OF PCS ARRIVAL IN FIELD	6B. REQUESTED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
13 May 1969	15 May 1971	1 June 1971	1 August 1971	
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:				
Spouse (Expecting child in March 1971)				
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:				
NA				
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)				
Case Officer responsibilities including running project targetted against [redacted] agent handling including [redacted] and related support agents; preparation of intelligence reports, dispatches and other reports related to Case Officer duties.				
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS				
1. Soviet Operations Course. (If possible, I would like to co-ordinate this course with my home leave in the summer of 1971.)				
2. Language training. Preferably [redacted] because I would like to serve in [redacted] sometime in the future.				

**SECRET**

**11. PREFERENCE FOR NEXT ASSIGNMENT:**

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

I would like a position of increased responsibility, preferably as a Case Officer for Soviet Operations in Latin America. If this is possible I would like to take the Soviet Operations Course at Headquarters prior to my next assignment.

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

- ☐ EXTEND TOUR \_\_\_\_\_ MONTHS AT CURRENT STATION TO \_\_\_\_\_ (DATE)
- ☐ BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- ☐ BE ASSIGNED TO ANOTHER FIELD STATION: INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE Caracas, Venc 2ND CHOICE Mexico 3RD CHOICE Lima, Peru
- ☐ RETURN TO MY CURRENT STATION

**TO BE COMPLETED BY FIELD STATION**

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

It is believed that this officer's performance at his present post of assignment has provided sufficient indication of his competence as a field case officer, and that he should have no problem filling a Soviet Operations Officer slot at a medium sized field installation. He should attend the Soviet Operations Course prior to such assignment.

**TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE**

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

WH Division has selected Mr. Flores for assignment to Lima in September 1971.

DATE 1 May 71 TITLE C/WH/Peru SIGNATURE H. L. Burthold

**FOR USE BY CAREER SERVICE**

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. \_\_\_\_\_

FILE NO. 113900

DATE: \_\_\_\_\_  
DATE: \_\_\_\_\_

LEADS SOURCE REPRESENTATIVE \_\_\_\_\_

**SECRET**



**SECRET**  
(When Filled In)

<b>REPORT OF SERVICE ABROAD</b>										<b>FILE PUNCHED BY RT</b>								
TO: Office of Personnel, Transactions and Records Branch, Status Section																		
SERIAL NO.			NAME															
			LAST			FIRST			MIDDLE									
036130			Flores			Daniel												
INSTRUCTIONS																		
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.																		
PCS DATES OF SERVICE																		
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY							
MONTH	DAY	YEAR	MONTH	DAY	YEAR													
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION			CODE 3/ 38 39		CODE 40-42							
05	13	69							1		Ecuador 195							
TDY DATES OF SERVICE																		
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)							
MONTH	DAY	YEAR	MONTH	DAY	YEAR													
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 5 - CANCELLATION			CODE 37 38 39		CODE 40-42							
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA																		
SOURCE DOCUMENT AND CERTIFICATION																		
TRAVEL VOUCHER						DISPATCH												
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT												
OTHER (Specify)																		
DOCUMENT IDENTIFICATION NO. 21157300						DOCUMENT DATE/PERIOD 12 May 1967												
REMARKS																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PREPARED BY</td> <td>REPORT ORIGINATED ON</td> <td rowspan="3">ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED</td> </tr> <tr> <td>DATE</td> <td>12 May 67</td> </tr> <tr> <td>SIGNATURE</td> <td>[Signature]</td> </tr> </table>												PREPARED BY	REPORT ORIGINATED ON	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED	DATE	12 May 67	SIGNATURE	[Signature]
PREPARED BY	REPORT ORIGINATED ON	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED																
DATE	12 May 67																	
SIGNATURE	[Signature]																	
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER																		

SECRET

Not Approved by  
CS Career Service

JAK pm

MEMORANDUM FOR: Secretary, CSCS Panel (Section C)

SUBJECT : Recommendation for Promotion to Grade  
GS-10, Daniel Flores

1. It is recommended that Mr. Daniel Flores be promoted from GS-09 to GS-10.

2. Mr. Flores joined the Agency in 1962; initially he was employed on a part-time basis in the MI Division while attending the American University. He received his AB degree in 1967 and became a full-time staff employee. On the strong recommendation of his supervisors, Mr. Flores was accepted for the Career Training Program which he completed in August 1968. After rejoining the MI Division, he was selected for assignment as an operations officer at the [ ] Base where he arrived in May 1969. Mr. Flores is bi-lingual in Spanish.

3. Both as a Headquarters and field operations officer Mr. Flores has carried out his assignments with intelligence, enthusiasm and initiative. As the [ ] Base officer in charge of [ ] operations, his performance has been of high caliber. In August 1969, during the forced absence of the Chief of Base and other senior officers, Mr. Flores assumed the full responsibilities for running the base for a period of several weeks. He performed the duties of Acting Chief of Base in a superior manner. In addition to his operational competence, the [ ] Chief of Base has observed that Mr. Flores' ability to develop social relations with ease has been a distinct asset for the Base.

4. Mr. Flores has already proven to be a competent operations officer. As he further develops through experience and responsibility he should become eligible for rapid advancement. In any case he is already performing at a level far higher than his current grade and a promotion at this time is strongly recommended.

*William V. Broe*  
William V. Broe  
Chief  
Western Hemisphere Division

SECRET

CONFIDENTIAL  
(When filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 23 October 1964.

Daniel Flores  
Signature

DANIEL FLORES

7 April 1969  
Date

CONFIDENTIAL

Group 1 - Excluded from  
automatic downgrading  
and declassification.

## CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER

Flores

Daniel

## 1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)

Washington, D.C.

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE

Washington, D.C.

HOME LEAVE RESIDENCE

Washington, D.C.

## 2. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE

Lima, Peru

DATE OF MARRIAGE

14.12.1960

IF DIVORCED, PLACE OF DIVORCE DECREE

DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED

DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

## 3. MEMBERS OF FAMILY

ADDRESS (No., Street, City, State, Zip Code) TELEPHONE NO.

Accompanying

NAMES OF CHILDREN

ADDRESS

SEX

DATE OF BIRTH

NAME OF YOUR FATHER (Or male guardian)

Jose S. Flores

ADDRESS

Gonzales, Texas (Box 39)

TELEPHONE NO.

512/672-6061

NAME OF YOUR MOTHER (Or female guardian)

Deceased

ADDRESS

TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

## 4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., M) RELATIONSHIP

Mr.

Brother-in-law

HOME ADDRESS (No., Street, City, State, Zip Code)

Laguna, Texas

HOME TELEPHONE NUMBER

(512) 672-7670

BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE

(Same as above)

BUSINESS TELEPHONE &amp; EXTENSION

IS THE INDIVIDUAL NAMED ABOVE SITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

YES

NO

X

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person who such decisions in case of emergency.)

YES

NO

X

DID THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

YES

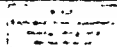
NO

X

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

## CURRENT RESIDENCE AND DEPENDENCY REPORT



## CONFIDENTIAL

(When Filled In)

## VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Riggs National Bank : Daniel and [redacted] Flores  
17th and Penn. Avenues, Washington, D.C.  
(1750 Penn Avenue)

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?

☒ YES ☐ NO

IF YES, DO YOU HAVE A JOINT ACCOUNT?

☐ YES ☒ NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?

☒ YES ☐ NO. (If "Yes" where is document located?)

At home. Will leave with responsible person for safe keeping.

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?

☐ YES ☐ NO. (If "Yes" give name(s) and address)

N/A

HAVE YOU EXECUTED A POWER OF ATTORNEY?

☐ YES ☒ NO. (If "Yes", who possess the power of attorney?)

But may before I leave.

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

My father should not be notified in case of an emergency because of his health and age.

SIGNED AT

DATE

7 April 1969

SIGNATURE

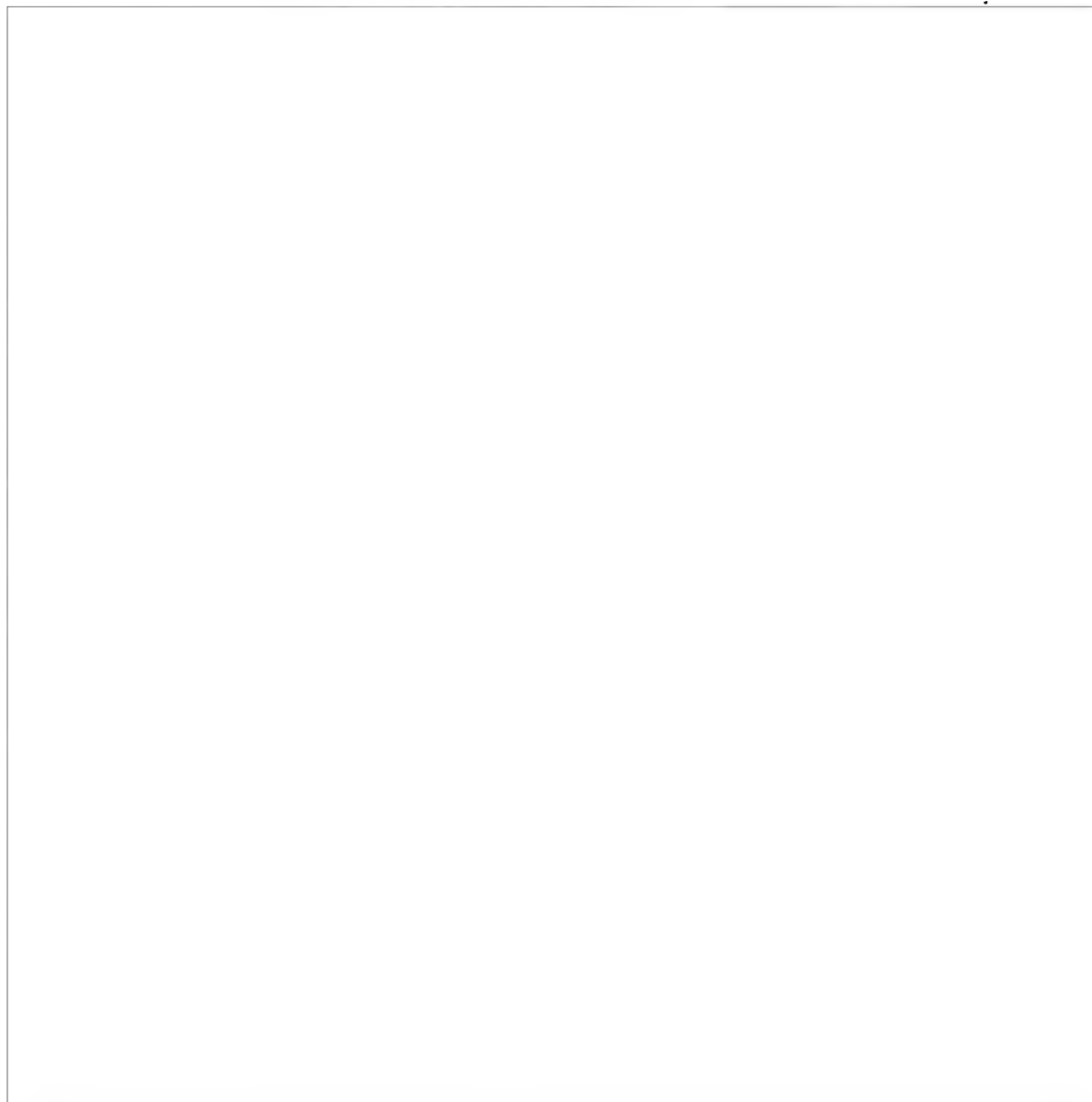
Daniel Flores

CONFIDENTIAL

SECRET

TJR

Supplement to Staff Employee Personnel

Daniel FloresEffective 10 April 1969

FORM 1535

SECRET

10-121

**SECRET**



**SECRET**

SECRET



UNITED STATES GOVERNMENT

BY

*James M. Chapman*  
Personnel Office

ACCEPTED:

*David E. Lane*

3

FORM 1535c

SECRET

10-51



# **ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE** FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

## **TO COMPLETE THIS FORM—**

### **1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

### **2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last) 036730 (first) Flores (middle) Daniel DATE OF BIRTH (month, day, year) 4 August 1935 SOCIAL SECURITY NUMBER                       
EMPLOYING DEPARTMENT OR AGENCY                      LOCATION (City, State, ZIP Code)                     

### **3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance



#### **ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
OPTIONAL but  
do want  
regular  
insurance



#### **DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance



#### **WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

### **4 SIGN AND DATE IF YOU MARKED BOX "A" OR "C". COMPLETE THE "STATISTICAL STUD" THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE**

Signature of Employee

*Daniel Flores*  
Date *1/10/66*

### **FOR EMPLOYING OFFICE USE ONLY**

(Official stamping date stamp)

Keep this copy of this form with the back of Original

When you receive this form, please fill in the date and time you received it.

USE NO. 11-57, Bureau of Internal Revenue

S-E-C-R-E-T

- TRAINING REPORT -

Operational Interrogation Course No. 2-69  
(Full time - three weeks) 4 - 22 November 1968

Student: Flores, Daniel

Office: WH

Grade : 08

EOD : Mar 62

Number of Students Enrolled: 9

Service Designation: D

COURSE OBJECTIVE

To teach the student to interrogate and to manage interrogation.

RATING

Class Performance : Satisfactory

Interrogation Aptitude: Average

GENERAL CLASS PERFORMANCE

Excellent: 3      Satisfactory: 6      Unsatisfactory: 0

GENERAL CLASS APTITUDE FOR INTERROGATION

High: 2      Average: 6      Low: 1

FOR THE DIRECTOR OF TRAINING:

27 DEC 1968

Date

Chief Instructor

S-E-C-R-E-T

## C-E-C-R-E-T

TRAINING REPORT OPERATIONS COURSE (FULL TIME)	Course No.		No. of Students		Dates of Course	
	OC-1-3/4-68		Began	Finished	27 May - 16 August 1968	
STUDENT IDENTIFYING INFORMATION						
NAME OF STUDENT	YOB	ECG DATE	OFFICE	GS	SL	
FLORES, Daniel	1934	March 1967	CTP	GS	SL	
PERFORMANCE EVALUATION						

- W - Weak                      Ranges from inadequate to less than satisfactory (in terms of a new and inexperienced case officer).
- A - Adequate                Has achieved the basic level required. Satisfactory, characterized neither by deficiency nor excellence.
- P - Proficient              More than satisfactory. Has acquired a solid beginner's proficiency. This rating may be interpreted as representing "average" on our rating scale.
- S - Strong                   Exceptional proficiency, characterized by thoroughness, initiative, originality, and an exceptional student understanding of the case officer role in clandestine operations.
- O - Outstanding            Performance is so exceptional in relation to requirements of the work and in comparison to the performance of other students doing similar work as to warrant special recognition.

## COURSE OBJECTIVE

This course is designed to prepare selected staff officers from the Career Trainee Program for field operations officer work with the Clandestine Services. The student's understanding of the Clandestine Services doctrines, policies and operational concepts and his ability to apply these related items is measured by a series of practical exercises. Successful completion of the Operations Familiarization Course (OFC) is a prerequisite for admission to the Operations Course.

## RATING LETTER

TRADECREAT	P
INTELLIGENCE AND OPERATIONAL INFORMATION REPORTING	P
CLANDESTINE SERVICES OPERATIONAL PROGRAMS	P

The trainee also received basic instruction and practical work in photography, including the use of a 35mm camera and in darkroom procedures; in [redacted] and in the use of [redacted]. In addition, he was given general familiarization on such subjects as [redacted] and authentication, observation and sketching.

This rating corresponds to the statement which most accurately reflects the student's level of performance and takes into account everything about him which influenced his effectiveness. This rating is a reflection of the degree to which the instructors feel that the student is both suitable and competent for overseas service in the Clandestine Services.

OVERALL PERFORMANCE
P

Overall performance ratings of all students in this class:

WEAK 0 ADEQUATE 0 PROFICIENT 40 STRONG 40 OUTSTANDING 0

C-E-C-R-E-T

S-E-C-R-E-T

NARRATIVE COMMENTS

Significant strengths and weaknesses and their relationship to overall performance in the Operations Course. This section amplifies and explains, as necessary, the rating letters given above.

Mr. Flores' overall performance in this course was at the high proficient level. He is a very friendly and personable individual who put forth a good deal of effort to do well in the course. Mr. Flores takes a very practical approach to solving problems and his attitude throughout the course was excellent.

Mr. Flores acquired a good understanding of the principles and techniques of Clandestine Services operations, and in problems requiring face-to-face encounters with simulated agents in the live exercises he came through as a very friendly and personable individual. He was particularly effective in debriefing situations and demonstrated flexibility in meeting the problems that arose during the simulated agent meetings.

Mr. Flores demonstrated a good understanding of Clandestine Services programs in Foreign Intelligence, Counterintelligence and Covert Action. His performance was graded strong in handling of a simulated walk-in defector, and in a Counterintelligence case study and a Covert Action case study his understanding and analyses were judged highly proficient. He received a rating of adequate in photography.

Mr. Flores has good writing skills and acquired a thorough understanding of intelligence and operational reporting procedures and formats of the Clandestine Services. His intelligence reports were consistently complete, accurate and clear. His operational reports suffered occasionally from weak organization, and on one occasion he had difficulty distinguishing operational from intelligence information; but his reports were generally complete and accurate and showed a sound understanding of operational reporting requirements.

Mr. Flores is a personable and intelligent individual who got along very well with his colleagues and with the instructors. With his excellent attitude and strong desire for a career in the Clandestine Services together with his willingness to work hard, Mr. Flores should have little difficulty in developing into an effective case officer as he gets greater experience.

FOR THE DIRECTOR OF TRAINING:

  
Arthur P. Fritzell  
Chief Instructor

23 August 1968  
Date

S-E-C-R-E-T

S-E-C-R-E-T

TRAINING REPORTOperations Course, Phase II-3-68  
( 416 hours, full-time)4 March - 3 May 1968  
(Date)

Student	:	FLORES, Daniel	Office	:	CTP/OTR
Year of Birth:		1935	Service Designation:		BJ
Grade	:	GS-07	No. of Students:		<u>60</u> Began; <u>60</u> Finished
EOD	:	March 1962			

COURSE OBJECTIVES:

The course is designed to prepare junior clandestine services officers for duties related to the conduct of Special Operations. Upon completion of training, the officer will be capable of developing and implementing actions which will contribute to the elimination of subversive insurgency in the underdeveloped area of the world in furtherance of U.S. policy. He shall also be capable of developing plans for the conduct of Special Operations in support of United States military operations in wartime; and will be able to plan for the use of special ground, air, and maritime operations in direct support of other intelligence activities.

ACHIEVEMENT RECORD:

The performance rating and narrative comments below are derived from a synthesis of all observations and evaluations submitted on each trainee by the instructor staff. Student rating is indicated by the asterisk.

INCOMPLETE 0      ADEQUATE 0      PROFICIENT \* 48      STRONG 12

NARRATIVE COMMENTS:

Mr. Flores is a self-sufficient, steady worker, who demonstrated an excellent ability to adapt himself to the various training situations. His proficient performance during Operations Course, Phase II-3-68 did not fluctuate appreciably from beginning to end.

Mr. Flores was always mentally alert, receptive to instruction and responsive to instructional exercises. He cheerfully accepted all responsibilities, consistently produced satisfactory results, and appeared to demonstrate a sense of pride in his accomplishments. His conscientious effort, sincerity, and cooperative attitude enabled him to develop a sound working relationship with his colleagues.

Continued on Page 2

00000  
S-E-C-R-E-T

TRAINING REPORT

Operations Course, Phase II-3-68  
(416 hours, full-time)

4 March - 3 May 1968

Student : FLORES, Daniel

Office : CTP/OTR


Service Designation: SJ

NARRATIVE COMMENTS (Continued)

Of noteworthy mention was Mr. Flores' pleasant, industrious performance throughout the [ ] He established a cheerful environment for his colleagues and completed assigned responsibilities with enthusiasm, determination and cooperation. His sustained high-level performance and ability to adapt to the terrain earned him the respect and appreciation of his classmates.

The degree of performance attained in the course indicates Mr. Flores has gained a sound familiarization of the Special Operations activities, responsibilities, skills, and concepts.

FOR THE DIRECTOR OF TRAINING:

  
Chief Instructor, Operations Course, Phase II

S-E-C-R-E-T

SECRET

TRAINING REPORT

NAME OF TRAINEE: Flores, Daniel	COURSE: CS RECORDS I & II (Biographic Research)
DOB: 1935 3D: SJ	DATE: 9 - 16 May 1968
OFFICE: CTP GS: 07	HOURS: 30 - part time

OBJECTIVES

1. To provide briefing in the CS requirement for biographic research, the importance of this research in the investigative process, and in the importance of the role of the biographic researcher.
2. To provide instruction in the nature, content and means of access to repositories of biographic information in the CS and other elements of the Agency and the community.
3. To introduce the concept of research and investigation and the processes involved therein, and to provide practical work in research as done at headquarters.
4. To alert the students to the nature of analysis in producing finished reports of biographic research.
5. To provide practice in writing the report of biographic research.

METHOD OF INSTRUCTION

The course is presented by means of lecture, discussion and demonstration. More than fifty percent of the class time is devoted to an exercise in biographic research, an exercise in analysis of the materials recovered, and preparation of a report of the research.

ADJECTIVAL RATINGS USED IN THE TRAINING REPORT

- |                |  |
|----------------|--|
| EXCELLENT      | Student demonstrated unusual competence in achieving the course objectives. His understanding of the course content was unusually thorough and perceptive. Where skills were taught, he demonstrated particular facility in their use. |
| ✓ SATISFACTORY | Student's achievement of the course objectives was competent. He demonstrated good understanding of the course content. Where skills were taught, he demonstrated basic facility in their use.   |
| UNSATISFACTORY | Student did not demonstrate adequate competence. Although he may have made some progress, he fell short of the minimum standards for achievement of the course objectives.   |

SECRET

SECRET

NARRATIVE RATING OF ACHIEVEMENT:

Mr. Flores showed considerable ability and experience in his handling of the practical problem. He should have no trouble in doing work of this kind with a minimum of supervision.

Overall adjectival rating of achievement:

Satisfactory ✓

Overall adjectival ratings of achievement of all employees in the course:

EXCELLENT: 2 SATISFACTORY: 14 UNSATISFACTORY:

Attendance at this course does not provide the student with operational knowledge and background sufficient to qualify him as an independent researcher, capable of making operational judgments.

NOTE: CS Records I (Introduction to Records) is a prerequisite for this course.

FOR THE DIRECTOR OF TRAINING:

24 MAY 1968

Date



Charles H. Schafer  
Chief Instructor

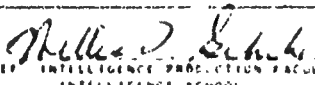
- 2 -

SECRET



## SECRET

(When Filled In)

TRAINING REPORT INTELLIGENCE TECHNIQUES COURSE (120 Hours)		COURSE NO. 3-68	NO. STUDENTS 46	DATE OF COURSE 29 Jan - 13 Feb 1968	
IDENTIFYING INFORMATION					
NAME OF STUDENT	YOB	EDD DATE	OFFICE	GS	SD
FLORES, Daniel	35	Mar 1962	CTP	07	SJ
KEY TO RATINGS					
<p><b>W - Weak</b> Ranges from inadequate to less than satisfactory.</p> <p><b>A - Adequate</b> Has achieved the basic level required. Satisfactory, characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> More than satisfactory. Has acquired a solid beginner's proficiency.</p> <p><b>S - Strong</b> Exceptional proficiency. Characterized by thoroughness, initiative, originality, and an exceptional student understanding of the work involved in intelligence production.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
EVALUATION OF PERFORMANCE IN SKILLS					
BRIEFING	RATING P	WRITING	RATING A+	ANALYSIS	RATING P
OVER-ALL PERFORMANCE EVALUATION					RATING
<p>The RATING LETTER reflects the over-all performance of the student in the course and is thus a measure of the extent to which the student possesses the skills and techniques required in the production of finished intelligence. The rating is not necessarily arrived at by mathematically averaging in the skills ratings, but takes into consideration any outstanding strengths or weaknesses that should be reflected in an evaluation of the performance of the student as a whole. The RATING LETTER is a consensus of the view of the faculty.</p>					P-
REPORT OF OBSERVATIONS, JUDGMENTS AND IMPRESSIONS					
<p>This is a general, unspecific, narrative report of observations, judgments, and impressions. It includes intangible factors such as the student's attitude, cooperativeness, attentiveness, maturity, and judgment. It also includes the general impression the student has made on the faculty. This report will not be included unless the instructors believe that it would add something to the previous evaluation of performance in skills as well as to the evaluation of the OVER-ALL PERFORMANCE of the student.</p>					
FOR THE DIRECTOR OF TRAINING:		 CHIEF INTELLIGENCE PRODUCTION FACULTY INTELLIGENCE SCHOOL		DATE <input type="checkbox"/>	

S-E-C-R-E-T

## PERFORMANCE RECORD

The Challenge of World-Wide Communism

CT Class 2000 - 1000000Course Description

## A. Statement of Objectives

1. The student should recognize the challenge confronting the United States and the free world posed by the objectives, activities, and capabilities of World-Wide Communism.
2. The student should achieve a knowledge of the doctrine, organization and tactics of free-world Communist parties; and, similarly, of the capabilities, the policies, and the problems of the USSR and the People's Republic of China.

## B. Course Method

1. Approximately one-half of the course is devoted to lectures, one-fourth to seminars, exercises and demonstrations, and one-fourth to individual study.
2. Student achievement is judged on the basis of performance in one written examination and participation in seminars and exercises.

NAME Flower, DavidWritten WorkExamination By StudentOral WorkSeminars, Exercises By StudentComments:

GROUP I  
Excluded from automatic  
downgrading and  
declassification

S-E-C-R-E-T

TRAINING REPORT

OPERATIONS FAMILIARIZATION COURSE NO. 2-68  
(192 hours, full-time)

2 Jan. - 26 Jan. 1968  
(Date)

STUDENT : FLORES, Daniel

OFFICE : CTF

YEAR OF BIRTH: 1935

SERVICE DESIGNATION: CJ

GRADE : GS-07

NUMBER OF STUDENTS : 114

END DATE : March 1962

114 Finished

COURSE OBJECTIVE AND CONTENT

The Operations Familiarization Course is a four-week course designed to provide the student with an understanding of the Clandestine Services programs, operational methods and reporting techniques. Special emphasis is given the basic elements of

METHODS

The instructional methods used included class discussions, lectures, films, demonstrations, practical exercises and case studies. Practical exercises were

The operational programs of various Clandestine Services Divisions were discussed by representatives of the respective Headquarters components.

EVALUATION OF PERFORMANCE

The student's rating is based on understanding of the material presented as demonstrated by his participation in class discussions, the preparation of intelligence and operational reports, the application of operational principles in the practical exercises and the grade received on a comprehensive written examination given in the final week of the course which covered all areas of course content. Other factors considered in determining the final rating were the student's interest, attitude and preparation for assignments. The number of students receiving each adjectival rating on overall course performance is shown below. This student's rating is indicated by an asterisk. Explanatory narrative comments are included with a rating of ADEQUATE or STRONG. When considered pertinent by the training staff, comments may also be included with a PROFICIENT (average) rating.

<u>UNSATISFACTORY</u>	<u>ADEQUATE</u>	<u>* PROFICIENT</u>	<u>STRONG</u>
1	1	87	25

✓ Mr. Flores' overall performance in the course was at the solid proficient level. It should be noted that he demonstrated a particularly good attitude throughout the course. He took full advantage of the training offered to increase his knowledge of the Clandestine Services.

FOR THE DIRECTOR OF TRAINING

*[Signature]*  
ACCOMPLISHED BY  
J. S. C. S. S. S.

9 Feb. 1968  
JTS

S-E-C-R-E-T

**ORIENTATION TO INTELLIGENCE FOR CT'S**  
(Class of December 1967)

STUDENT	: Daniel FLORES	Duration:	11-22 December 1967 (30 hours, full time)
YEAR OF BIRTH:	1935	OFFICE	: CT
GRADE	: GS-07	SERVICE DESIGNATION:	SJ
EOD	: March 1962	NUMBER OF STUDENTS	: 88

**COURSE OBJECTIVES - CONTENT AND METHODS**

In the Orientation to Intelligence Course the objectives are: (1) to instruct the student in the basic concepts and terminology of intelligence; (2) to describe the history of U.S. intelligence and the current role of intelligence in the national security structure; (3) to outline the composition and mission of the intelligence community, noting the Agency's significant role therein; (4) to define the mission of CIA in supporting the DCI and to identify the functions of the Agency's major components, particularly in the collection, production, and dissemination of intelligence; and (5) to identify and discuss major problems facing the Agency. The area surveys and "Articulating the United States" elements of the course are designed to introduce the students briefly to some of the intelligence problems presented by major regions of the free world and to stimulate thought about the American way of life and its relationship to these areas.

Instructional techniques include lectures given by members of the Orientation and Briefing Faculty, guest speakers from Agency components, seminars, directed reading, review exercises, training films, and intelligence exhibits.

**ACHIEVEMENT RECORD**

The individual student evaluation is based on his score achieved on a written examination given at the conclusion of the course. This test, consisting of 100 items, covered all major aspects of the course content. The rating assigned to this student is:

**PROFICIENT**

The evaluation system used was as follows:

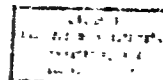
O = Outstanding	-	0-3 wrong
S = Strong	-	4-8 wrong
P = Proficient	-	9-15 wrong
A = Adequate	-	16-25 wrong
W = Weak	-	26- wrong

FOR THE DIRECTOR OF TRAINING:

*Lawrence C. Baugh Jr.*  
Chief, Orientation & Briefing Faculty

8 January 1968  
Date

S-E-C-R-E-T



CONFIDENTIAL

26 October 1967

MEMORANDUM FOR: Daniel Flores

THROUGH : Executive Secretary  
CSCT Selection Board

SUBJECT : Application for Career Training Program

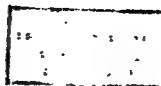
1. I am pleased to inform you that you have been accepted for the Career Training Program. Let me congratulate you and wish you the maximum profit and pleasure from your proposed training.

2. You will remain with your present Component until the beginning of the next Integrated Training Program, to begin 11 December. At that time you will be reassigned to the CTP T/O where you will remain until your training has been completed.

3. Should you have any further questions, do not hesitate to call on the Program Officers.

  
ROBERT B. FREEMAN  
Chief, CTP

CONFIDENTIAL



SECRET

(When Filled In)

MILITARY STATUS QUESTIONNAIRE (READ INSTRUCTIONS ON REVERSE SIDE)				DO NOT WRITE IN SPACES BELOW	
1. THIS DATE (Month-day-year) MARCH 12, 1962				1-6. SERIAL NUMBER 006100	
2. NAME (Last-first-middle) FACKES, DANIEL (1)				7-24. NAME	
3. DATE OF BIRTH (Month-year) August 1935		4. SEX <input checked="" type="checkbox"/> (1) MALE <input type="checkbox"/> (2) FEMALE		25-28. UICR 1835	
5. OFFICE TO WHICH ASSIGNED DDP/OPSER/RT		6. SCHEDULE AND GRADE GS-04		29. SER 1	
7. SUBJECT TO CURRENT DRAFT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. INDICATE DRAFT CLASSIFICATION, IF ANY		30-31. OFFICE CODE 39	
				32-34. SCHD. 35-38 GR. GS 04	
				37. DRAFT STATUS 2	
VETERANS COMPLETE THE FOLLOWING					
9. BRANCH OF SERVICE ON SEPARATION (Check one)			10. MIL. GRADE ON SEPARATION O-4 (E4)		40. BRANCH SERVICE 3
<input type="checkbox"/> (1) ARMY <input checked="" type="checkbox"/> (2) MARINE <input type="checkbox"/> (3) COAST GUARD <input type="checkbox"/> (4) NAVY <input type="checkbox"/> (5) AIR FORCE			10A. YRS. MOT OF ACTIVE SERVICE 4 YRS.		41-42. MIL. GRADE E 4
11. STATUS AT TIME OF SEPARATION (Check one)					
<input checked="" type="checkbox"/> (1) REGULAR <input type="checkbox"/> (2) RESERVE <input type="checkbox"/> (3) DRAFTER <input type="checkbox"/> (4) OTHER (Specify in comments)					
12. TYPE OF SEPARATION (Check one)					
PLEASE NOTE ALTHOUGH YOU MAY HAVE A SERVICE CONNECTED DISABILITY, DO NOT CHECK THE BOX "RETIRED-SERVICE CONNECTED DISABILITY" UNLESS YOU WERE ACTUALLY RETIRED FOR THIS REASON. IF OTHERWISE, CHECK "HONORABLE DISCHARGE" OR "RELEASED TO INACTIVE DUTY" AS APPROPRIATE, EVEN THOUGH YOU MAY BE DRAWING A DISABILITY ALLOWANCE OR COMPENSATION.					
<input type="checkbox"/> (1) RELEASED TO INACTIVE DUTY		<input type="checkbox"/> (6) RETIRED-AGE		43. STATUS AT SEPARATION 1	
<input checked="" type="checkbox"/> (2) HONORABLE DISCHARGE		<input type="checkbox"/> (7) RETIRED-SERVICE CONNECTED DISABILITY		44. TYPE OF SEPARATION (A-less than 8 yrs; B-8 yrs or more)	
<input type="checkbox"/> (3) RETIRED-20 (or more) YRS. SERVICE		<input type="checkbox"/> (8) RETIRED-COMBAT DISABILITY		1 A 2 A 3 A 7 A 1 B 3 B 6 B 7 B 2 A 4 A 6 A 8 A 2 B 4 B 6 B 8 B	
<input type="checkbox"/> (4) RETIRED-LESS THAN 20 YRS. SERVICE		<input type="checkbox"/> (9) OTHER-SPECIFY UNDER COMMENTS			
MEMBERS OF RESERVE FORCES COMPLETE THE FOLLOWING					
13. RESERVE BRANCH OR SERVICE		14. ORIGINAL ENTRY DATE IN ARMED SERVICES		45. BRANCH SERVICE	
15. SERVICE SERIAL NO.		16. MOS, AFSC, DESIGNATOR, OR RATING		46-49. ENTRY DATE	
17. MIL. GRADE		18. RESERVE CATEGORY (Check one)		50-59. SERV. SER. NO.	
		<input type="checkbox"/> (1) READY <input type="checkbox"/> (2) STANDBY <input type="checkbox"/> (3) RETIRED		60-64. MOS, AFSC, ETC.	
19. EXPIRATION DATE OF APPOINTMENT OR ENLISTMENT (Month and year)				55-59. MIL. GRADE	
				67. CATEGORY	
20. MIL. MOBILIZATION ASSIGNMENT				68-71. EXPIRATION DATE	
21. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED				72. MOBILIZATION ASSIGNMENT	
				73. ASSIGNMENT UNIT	
				74. MOBILIZATION CATEGORY	
22. COMMENTS					

CIA INTERNAL USE ONLY  
(Classify When Filled In)

## OUTSIDE ACTIVITY APPROVAL REQUEST

SEE HR 10-7 BEFORE SUBMITTING TO FOR AN ORIGINAL AND 2 COPIES OF THIS FORM

TO :	DIRECTOR OF SECURITY; ATTN: EMPLOYEE ACTIVITY BRANCH			DATE	16 April 1962
THROUGH:	(Operating official, administrative and/or security officer)				
<p>JOHN A. MAYO, Jr. Security Officer, RID</p>					
FROM :	NAME AND GRADE OF EMPLOYEE (Print or type)	COMPONENT	ROOM NO. AND BLDG.	PHONE	
	FLORES, Daniel GS-04	DDP/OPSER/RID/RB/IN	A B 4003	6187	
1. DESCRIPTION OF OUTSIDE ACTIVITY FOR WHICH APPROVAL IS REQUESTED:					
Bartender					
2. FULL NAMES OF ORGANIZATION AND/OR PERSONS INVOLVED					
Bartenders Union Local 014 75      Mr. Patrick Duffy					
3. DATE(S) OF PARTICIPATION AND LOCALE OF ACTIVITY					
On call different days of the week. 914 F Street, N. W. Washington, D. C.					
4. REMARKS					
In engaging in the requested activity I will make no reference to, or discuss my CIA assignments or duties nor will I make reference to or discuss my CIA employment except as authorized by Headquarters Regulation 10-7.					
<p><i>Daniel Flores</i> SIGNATURE OF REQUESTING EMPLOYEE</p>					
5. CONCURRENCES AND/OR APPROVAL WITHIN OPERATING OFFICE					
<p>(signed) John M. Wiggleworth JOHN M. WIGGLEWORTH Chief, RID/ADMIN</p>					
FOR COMPLETION BY EMPLOYEE ACTIVITY BRANCH AND RETURN OF ORIGINAL TO EMPLOYEE					
<p>CP</p> <p>20 Apr 62</p> <p>W. A. Osborne</p>					

Standard Form No. 1000 CHAPTER I-1 PM G. 6-60-1000		<b>HEALTH BENEFITS REGISTRATION FORM</b> <small>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959</small>			4536490																											
<b>PART A</b> ALL WHO REGISTER MUST FILL IN THIS PART	1. NAME (LAST, FIRST, MIDDLE) <b>FLORNO, D. J.</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>7 1 3</b>	3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																													
	4. YOUR MARITAL ADDRESS (INDICATE ALSO STREET, CITY AND ZONE NUMBER, STATE) <b>1187 1/2 N. 1st St. N.W.</b>	5. Place an "X" in proper box to show your annual basic salary range: UNDER \$4,000 <input type="checkbox"/> \$4,000 - \$5,999 <input checked="" type="checkbox"/> \$6,000 - \$7,999 <input type="checkbox"/> \$8,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$11,999 <input type="checkbox"/> \$12,000 - \$13,999 <input type="checkbox"/> \$14,000 - \$15,999 <input type="checkbox"/> \$16,000 - \$17,999 <input type="checkbox"/> \$18,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$21,999 <input type="checkbox"/> \$22,000 - \$23,999 <input type="checkbox"/> \$24,000 - \$25,999 <input type="checkbox"/> \$26,000 - \$27,999 <input type="checkbox"/> \$28,000 - \$29,999 <input type="checkbox"/> \$30,000 - \$31,999 <input type="checkbox"/> \$32,000 - \$33,999 <input type="checkbox"/> \$34,000 - \$35,999 <input type="checkbox"/> \$36,000 - \$37,999 <input type="checkbox"/> \$38,000 - \$39,999 <input type="checkbox"/> \$40,000 - \$41,999 <input type="checkbox"/> \$42,000 - \$43,999 <input type="checkbox"/> \$44,000 - \$45,999 <input type="checkbox"/> \$46,000 - \$47,999 <input type="checkbox"/> \$48,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$51,999 <input type="checkbox"/> \$52,000 - \$53,999 <input type="checkbox"/> \$54,000 - \$55,999 <input type="checkbox"/> \$56,000 - \$57,999 <input type="checkbox"/> \$58,000 - \$59,999 <input type="checkbox"/> \$60,000 - \$61,999 <input type="checkbox"/> \$62,000 - \$63,999 <input type="checkbox"/> \$64,000 - \$65,999 <input type="checkbox"/> \$66,000 - \$67,999 <input type="checkbox"/> \$68,000 - \$69,999 <input type="checkbox"/> \$70,000 - \$71,999 <input type="checkbox"/> \$72,000 - \$73,999 <input type="checkbox"/> \$74,000 - \$75,999 <input type="checkbox"/> \$76,000 - \$77,999 <input type="checkbox"/> \$78,000 - \$79,999 <input type="checkbox"/> \$80,000 - \$81,999 <input type="checkbox"/> \$82,000 - \$83,999 <input type="checkbox"/> \$84,000 - \$85,999 <input type="checkbox"/> \$86,000 - \$87,999 <input type="checkbox"/> \$88,000 - \$89,999 <input type="checkbox"/> \$90,000 - \$91,999 <input type="checkbox"/> \$92,000 - \$93,999 <input type="checkbox"/> \$94,000 - \$95,999 <input type="checkbox"/> \$96,000 - \$97,999 <input type="checkbox"/> \$98,000 - \$99,999 <input type="checkbox"/> \$100,000 and over <input type="checkbox"/>	6. Are you covered by, or is any law firm, union, or other organization, or any other plan, under the Federal Employees Health Benefits Act of 1959 (through the payment of another United States or District of Columbia Government employee or annuitant)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																													
<b>PART B</b> FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN	7. I elect to enroll in a health benefit plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information required below from inside cover of brochure of the plan you select.)																															
	NAME OF PLAN: <b>HEALTH BENEFITS PLAN</b> OPTION: <b>HIGH</b> PLAN CODE NUMBER: <b>1 1 2</b>																															
8. In space below list all eligible family members except: (a) your wife or husband first, then your unmarried child under age 19, including legally adopted children, and dependent children who live with you in a regular parent-child relationship. Include also any unmarried child age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)	If enrollment is for self only, answer item 9. If enrollment is for self and family also, answer item 9 in item 3 if it applies.																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 20%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 20%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband: <b>John D. Florno</b></td> <td><b>11/4/32</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	Wife or Husband: <b>John D. Florno</b>	<b>11/4/32</b>																					
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Wife or Husband: <b>John D. Florno</b>	<b>11/4/32</b>																															
<b>THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT</b>	9. If a female (employee or annuitant), does the family listed above include a husband who is incapable of self-support because of mental or physical disability which can be expected to continue for more than one year? (If answer "YES," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																															
	10. I elect to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> Any other reason: <input type="checkbox"/>																															
<b>PART D</b> FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT	11. I elect to change my enrollment as shown by the enrollment number and other information in Part B.																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Enrollment code number of present plan</th> <th style="width: 20%;">Date of event which permits change (See table on back of brochure for proper codes)</th> <th style="width: 40%;">Date of event which permits change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Enrollment code number of present plan	Date of event which permits change (See table on back of brochure for proper codes)	Date of event which permits change																								
Enrollment code number of present plan	Date of event which permits change (See table on back of brochure for proper codes)	Date of event which permits change																														
<b>PART E</b> ALL WHO REGISTER MUST FILL IN THIS PART	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>1. SIGNATURE AND ADDRESS OF EMPLOYER OR ANNUITY PAYOR</b></p> <p><b>2. DATE RECEIVED BY EMPLOYER OR ANNUITY PAYOR</b></p> <p><b>3. EFFECTIVE DATE OF ENROLLMENT</b></p> </div> <div style="width: 35%;"> <p><b>4. PAYROLL OFFICE AND</b></p> <p><b>5. PAYROLL ACTION (INITIALS AND DATE)</b></p> </div> </div>																															
	<p><b>6. SIGNATURE OF AUTHORIZED REPRESENTATIVE</b></p>																															
<b>PART F</b> TO BE COMPLETED BY AGENCY	<p><b>7. REMARKS</b></p> <p>USE ONE ONLY OF ANSWERS TAG AGENCY</p>																															
	<p><b>8. REMARKS</b></p> <p>USE ONE ONLY OF ANSWERS TAG AGENCY</p>																															




CONFIDENTIAL,  
(when filled in)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents  
of Handbook 20-4, Employee Conduct, dated 29 August 1961.

  
Signature

  
Date

CONFIDENTIAL

## APPOINTMENT AFFIDAVITS

**IMPORTANT:** Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY WASHINGTON, D. C.  
(Department or agency) (Bureau or division) (Place of employment)

I, FLORES, DANIEL, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

11 March 1962  
(Date of entrance on duty)

*Daniel Flores*  
(Signature of appointee)

Subscribed and sworn before me this 12th day of March, A. D. 1962,  
at Washington, D. C.  
(City) (State)

[SEAL]

*Charles L. Lewis*  
(Signature of official)  
Appointment Clerk  
(Title)

**NOTE**—The oath of office must be administered by a person specified in 5 U. S. C. 18 or by a person designated to administer oaths under Section 506, Act of June 10, 1949, 5 U. S. C. 106. If the latter, the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)  
 5528 CONNECTICUT AVE. N.W. #203. WASHINGTON 8, D.C.

2. (A) DATE OF BIRTH  
 August 4, 1905

(B) PLACE OF BIRTH (city and State or city and foreign country)  
 SAN MARCOS, TEXAS

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY  
 MRS. DORRIS L. LEE

(B) RELATIONSHIP  
 WIFE

(C) STREET AND NUMBER, CITY AND STATE  
 2925 CONNECTICUT AVE. N.W. WASH. 8, D.C.

(D) TELEPHONE NO.  
 263-8322

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☐ NO

If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	LAST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED (Check one)	SINGLE
		1. ....			
		2. ....			
		3. ....			
		4. ....			
		5. ....			
		6. ....			
		7. ....			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
8. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	X		10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?		X
9. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes," give details in Item 12.		X	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR RELOADED?		X
11. (A) HAVE YOU RECEIVED OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes," give details in Item 12.		X	11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?		X
12. (A) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING THIS APPOINTMENT? If your answer is "Yes," give details in Item 12.		X	B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?		X
13. (A) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING THIS APPOINTMENT? If your answer is "Yes," give details in Item 12.		X	C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CIRCUMSTANCES? If your answer to A, B or C is "Yes," give details in Item 12 including as far as possible including the name and address of employer, approximate date, and reasons in each case.		X

14. SPACE FOR (A) ADDITIONAL ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO. 15. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES <input type="checkbox"/> NO <input type="checkbox"/>	ITEM NO. 16. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES <input type="checkbox"/> NO <input type="checkbox"/>
---	---

**INSTRUCTIONS TO APPOINTING OFFICER:** You must determine that the appointment award has been made in accordance with the Civil Service Act, Executive Order, Bureau Order and Regulations, and only if the person performing the appointment has been found to be qualified for the position. You must also determine that the person performing the appointment has been found to be qualified for the position. You must also determine that the person performing the appointment has been found to be qualified for the position.

(U'28)

## CONFIDENTIAL

(When Filled In)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)		(First)		(Middle)		SOCIAL SECURITY NUMBER	
FLORES		DANIEL		C.			
1. RESIDENCE DATA							
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED				LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)			
2828 Connecticut Ave. WASH. 8, DC							
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE				HOME LEAVE RESIDENCE			
2828 Connecticut Ave. WASH. 8, DC							
2. MARITAL STATUS (Check one)							
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED							
IF MARRIED, PLACE OF MARRIAGE						DATE OF MARRIAGE	
LIMA, PERU, SOUTH AMERICA						11/14/1961	
IF DIVORCED, PLACE OF DIVORCE DECREE						DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED						DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)							
3. MEMBERS OF FAMILY							
NAME(S) OF CHILDREN		ADDRESS (No., Street, City, Zone, State)		TELEPHONE NO.			
		2828 Connecticut Ave. N.W.		265-8322			
		ADDRESS		SEX		DATE OF BIRTH	
NAME OF FATHER (Or male guardian)		ADDRESS		TELEPHONE NO.			
JOSE J. FLORES		501 S. QUINN ST. SAN ANTONIO, TEXAS					
NAME OF MOTHER (Or female guardian)		ADDRESS		TELEPHONE NO.			
ANTHONY R. FLORES		501 S. QUINN ST. SAN ANTONIO, TEXAS					
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY?							
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY							
NAME (Mr., Mrs., Miss) (Last-First-Middle)				RELATIONSHIP			
FLORES, DANIEL ARNET				WIFE			
HOME ADDRESS (No., Street, City, Zone, State)				HOME TELEPHONE NUMBER			
2828 Connecticut Ave. N.W., WASH., 8, D.C.				265-5322			
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE				BUSINESS TELEPHONE & EXTENSION			
1800 16TH ST. N.W., WASHINGTON 6, DC				RF 7-5444			
IS THE INDIVIDUAL NAMED ABOVE SITTING UP YOUR AFFILIATION? (If "No" give name and address of organization he believes you work for.)						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.							
CURRENT RESIDENCE AND DEPENDENCY REPORT							

## CONFIDENTIAL

(When Filled In)

5.

## VOLUNTARY ENTRIES

Experience in the handling of ~~employee~~ emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

UNION TRUST CO., WASH., D.C. - DANIEL CR   FLEETS  
BANK OF CALIFORNIA, PORTLAND ORE, DANIEL CR   FLEETS

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☐ YES ☒ NO. (If "Yes" where is document located?)

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? ☐ YES ☐ NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes", who possess the power of attorney?)

6.

## ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

Washington DC

DATE

March 12, 1962

SIGNATURE

Daniel X. Lee

CONFIDENTIAL

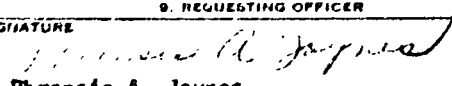
☒ SECRET☐ CONFIDENTIAL☐ INTERNAL USE ONLY☐ UNCLASSIFIED

REQUEST FOR MEDICAL EVALUATION				12 Sept 77	APPLICANT HAS APPLIED PREVIOUSLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME (Last, First, Middle)		SOC SEC NO		DATE OF BIRTH	
Flores, Daniel		[REDACTED]		4 Aug 35 M	
GRADE		TO THREE LETTERS OFFICE DIVISION		TO EMPLOYER	
13 All		DDO/LA		5270 Ops Officer	
14		15		16	
DEPENDENT NAME (Last, First, Middle)		SOC SEC NO		RELATIONSHIP	
[REDACTED]		[REDACTED]		wife yes	
[REDACTED]		[REDACTED]		daughter yes	
20 REQUESTED ACTION (see chart, one action is acceptable)					
APPLICANT		TIME EMPLOYMENT		EOD	
[REDACTED]		USPCS		Mexico City	
[REDACTED]		US TDV		14 Oct 77	
ASSIGNMENTS		US RETURNEE		FITNESS FOR DUTY	
[REDACTED]		US TDY STANDBY		RETURN TO DUTY	
[REDACTED]		US PLANNING		SPECIAL TRAINING	
SEPARATION		RETIREMENT		MDR/CIARDS	
ROUTINE		REGULAR ANNUAL		EXECUTIVE ANNUAL	
[REDACTED]		[REDACTED]		MPT/PHE	
21 COMMENTS					
Assignment to Tokyo, Japan has been cancelled, Subject is now being considered for Mexico City.					
22 REQUESTING OFFICER'S OFFICE DIV		23 ROOM/BLDG		24 EXTENSION	
DDO/LA/PERS		30303 JAG		5270	
25 SIGNATURE OF REQUESTING OFFICER		[REDACTED]			
FOR OMS USE ONLY					
FOR APPLICANTS				COMMENTS	
APPROVE PROCESSING FOR EOD				[REDACTED]	
HOLD PENDING RECEIPT OF ADDITIONAL MEDICAL INFORMATION (see chart above)				[REDACTED]	
REQUEST PRE EMP MEDICAL EVALUATION				[REDACTED]	
OTHER (see comments)				[REDACTED]	
DATE				OMS SIGNATURE	
FOR OTHER ACTIONS				DATE	
REQUESTED ACTION	QUAL	COND QUAL	DEFER	DISQUAL	DATE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
DATE				OMS SIGNATURE	
UNCLASSIFIED				INTERNAL USE ONLY	
CONFIDENTIAL				SECRET	
REPORTED BY				[REDACTED]	

2598

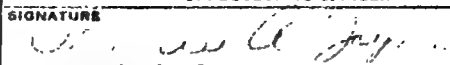
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**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST 28 July 1976	
2. NAME (Last, First, Middle) <b>Flores, Daniel</b> DOB: 4 August 1935		3. POSITION TITLE <b>Instructor</b>	
5. OFFICE DIVISION BRANCH <b>OTR/FTD/OTB</b>		4. GRADE <b>GS-12</b>	
		6. EMPLOYEE'S EXT. <b>5191</b>	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQGS/TDY  <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">         ETD           STATION           TDY OR PCS           TYPE OF COVER           NO. OF DEPENDENTS TO ACCOMPANY           NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px;">         ETA           STATION           NO. OF DEP.'S       </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  <b>Phronsis A. Joyner</b> ROOM NO. & BUILDING <b>6067 Hqs</b>	
		EXT. <b>5191</b>	
10. COMMENTS  Destination: World-Wide			
11. REPORT OF EVALUATION  Qualified for TDY Standby until 1 August 1978.			
DATE <b>31 August 1976</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <b>William T. Golder, ONS/PEO</b>	



**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
		18 June 1976	
2. NAME (Last, First, Middle) <b>Flores, Daniel</b>		3. POSITION TITLE <b>Instructor</b>	4. GRADE <b>GS-13</b>
5. OFFICE DIVISION BRANCH <b>OTR/FTD/OTB</b>		6. EMPLOYEE'S EAT. <b>5191</b>	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">         ETD          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px;">         ETA          STATION          NO. OF DEP.'S       </div>		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  <b>Phronie A. Joynes</b> ROOM NO. & BUILDING <b>GD57 Bldg.</b>	
		EXT. <b>5191</b>	
10. COMMENTS			
11. REPORT OF EVALUATION			
Qualified for TDY Standby until 1 August 1978.			
DATE <b>31 August 1976</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <b>William T. Golder, OMS/PEO</b>	

FORM 259 USE PREVIOUS EDITIONS  
1-72

**SECRET**

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**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>10 Mar 75</b>	
2. NAME (Last, First, Middle) <b>Flores, Daniel (NMN) 4-35</b>		3. POSITION TITLE <b>Ops Officer</b>	
4. OFFICE DIVISION BRANCH <b>DDO/LA/COG</b>		5. GRADE <b>GS-12</b>	
		6. EMPLOYEE'S EXT. <b>7265</b>	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HDQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px;">         ETD          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px;">         ETA          STATION          NO. OF DEP.'S       </div>	
8. OVERSEAS PLANNING EVALUATIONS (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <i>Kathy Hill</i> <b>Kathy Hill, LA/Trng</b> ROOM NO. & BUILDING <b>3D5317 Hqs</b>	
		EXT. <b>7431</b>	
10. COMMENTS			
11. REPORT OF EVALUATION			
Disposition deferred until subject fulfills medical requirements.			
DATE <b>1 April 1975</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <b>William T. Golder, OAS/Registrar</b>	

FORM 259 USE PREVIOUS EDITIONS

**SECRET**

4/1/75

(28)

**SECRET**

1. NAME (Last, First, Middle) <b>Flores, Daniel</b>		2. DATE OF BIRTH <b>4 Aug 1935</b>		3. GRADE <b>GS-10</b>	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) <b>DDP/WH/Guayaquil</b>		5. PRESENT POSITION <b>0376</b>		6. EMPLOYEE EXTENSION <b>7431</b>	
7. PROPOSED STATION <b>Lima, Peru</b>		8. PROPOSED POSITION (Title, Number, Grade) <b>Ops Officer/0636/GS-13</b>			
9. TYPE OF COVER AT NEW STATION <b>[ ]</b>		10. ESTIMATED DATE OF DEPARTURE <b>Sept 71</b>		11. NO. OF DEPENDENTS TO ACCOMPANY <b>two</b>	
12. COMMENTS  <p><b>Vice: Donald J. Venuto</b>  <b>Please schedule appointments week of 31 May 1971/</b></p> <p><b>Mr. Flores' Spanish capabilities are native reading and high speaking which more than meets the language requirements of intermediate reading and speaking for the Station.</b></p> <p align="right"><i>Gregory W. Shuck</i>  <i>25 Feb 1966 13 May 71</i></p>					
13. DATE OF REQUEST <b>11 Mar 71</b>		14. SIGNATURE OF REQUESTING OFFICIAL <i>Joan Wright</i> <b>Joan Wright</b>		15. ROOM NUMBER AND BUILDING <b>3D 5309 Hqs</b>	
16. EXTENSION <b>7431</b>					
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION  <p align="right"><b>15 JUN 1971</b></p> <p align="center"><b>QUALIFIED FOR PROPOSED ASSIGNMENT OVERSEAS</b></p> <p align="center"><i>G. E. Lott</i>  <b>Chairman, Overseas Candidate Review Panel</b></p>					
REQUEST FOR PCS OVERSEAS EVALUATION					

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 11 Mar 71	
2. NAME (Last, First, Middle) Flores, Daniel (Dependents of)		3. POSITION TITLE Ops Officer	
5. OFFICE DIVISION, BRANCH DDP/WH/Quayaquil		4. GRADE GS-10	
		6. EMPLOYEE'S EAT. 7431	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HDQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px;">         ETO  <b>September 1971</b>          STATION  <b>Lima, Peru</b>          TDY OR PCS  <b>PCS</b>          TYPE OF COVER  <div style="border: 1px solid black; height: 20px; width: 100px;"></div>          NO OF DEPENDENTS TO ACCOMPANY  <b>Two</b>          NO OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px;">         ETA           STATION           NO OF DEP.'S       </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <b>Joan Wright</b>  ROOM NO. & BUILDING <b>3D 5300 Eqs</b>	
		EAT. <b>7431</b>	

TO COMMENTS

wife  
         dau

Please schedule appointments week of 31 May 1971.

REPORT OF EVALUATION  16 07R

SPERRY PRESTON

SIGNED FOR USE OF MEDICAL STAFF

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>11 Mar 71</b>
2. NAME (Last, First, Middle) <b>Flores, Daniel (Dependents of)</b>		3. POSITION/TITLE <b>Ops Officer</b>
4. GRADE <b>OS-10</b>		5. OFFICE DIVISION BRANCH <b>DDP/WH/Guayaquil</b>
6. EMPLOYEE'S EXT. <b>7431</b>		7. PURPOSE OF EVALUATION
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> PRE-EMPLOYMENT</p> <p><input type="checkbox"/> ENTRANCE ON DUTY</p> <p><input type="checkbox"/> TDY STANDBY</p> <p><input type="checkbox"/> SPECIAL TRAINING</p> <p><input type="checkbox"/> ANNUAL</p> <p><input type="checkbox"/> RETURN TO DUTY</p> <p><input type="checkbox"/> FITNESS FOR DUTY</p> <p><input type="checkbox"/> MEDICAL RETIREMENT</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> HQS/TDY</p> <p><input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ETD <b>September 1971</b></p> <p>STATION  </p> <p>TDY OR PCS <b>PCS</b></p> <p>TYPE OF COVER  </p> <p>NO. OF DEPENDENTS TO ACCOMPANY <b>Two</b></p> <p>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED  </p> </div> <p><input type="checkbox"/> RETURN FROM OVERSEAS</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ETA  </p> <p>STATION  </p> <p>NO. OF DEP.'S  </p> </div> </div> </div>		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <p align="center"><b>Joan Wright</b></p>
ROOM NO. & BUILDING <b>3D 5300 Hqs</b>		EXT. <b>7431</b>

10. COMMENTS	
<div style="border: 1px solid black; width: 80px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 80px; height: 20px;"></div>	<p align="center"><b>wife</b> <b>dan</b></p>
<p align="center"><b>Please schedule appointments week of 31 May 1971.</b></p>	
11. REPORT OF EVALUATION	
<p align="center"><b>SPERRY PRESTON</b></p>	<p align="center"><b>16-87R</b></p>
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET

1. FOLDER, BUREAU (10)		2. FILE NO.		3. CASE NO.	
4. OFFICE, DIVISION, BRANCH (OF) <b>DIC/WH/Consular</b> and		5. PRESENT POSITION <b>1076</b>		6. EXTENSION <b>7431</b>	
7. PROPOSED STATION <b>Lima, Peru</b>		8. PROPOSED POSITION (Title, Number, Grade) <b>Asst Officer/0630/GS-13</b>			
9. TYPE OF COVER AT NEW STATION		10. ESTIMATED DATE OF <b>Sept 71</b>		11. NO. OF DEPENDENTS TO <b>Accompany</b>	
12. COMMENTS <p><b>Vico: Donald J. Venuto</b>  <b>Please schedule appointments week of 31 May 1971/</b></p> <p><b>Mr. Flores' Spanish capabilities are native reading and high speaking which more than meets the language requirements of intermediate reading and speaking for the Station.</b></p>					
13. DATE OF REQUEST <b>11 Mar 71</b>		14. SIGNATURE OF REQUESTING OFFICIAL <b>Joan Wright</b>		15. ROOM NUMBER AND BUILDING NO. EXTENSION <b>3D 5309 Rm 7431</b>	
17. OFFERED <b>Qualified Overseas POS</b> <p><b>11 June 1971</b> <b>Joe W. Cline, OHS/pro</b></p>					
16. OFFICE OF SECURITY DISPOSITION					
18. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
REQUEST FOR PCS OVERSEAS EVALUATION					

FORM 259a

SECRET

(6)

**SECRET**

1. NAME (Last, First, Middle) <b>Flores, Daniel</b>		2. DATE OF BIRTH <b>4 August 1935</b>	3. GRADE <b>GS-08</b>
4. OFFICE DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) <b>DDP/WII/4</b>		5. PRESENT POSITION <b>Ops Officer</b>	6. EMPLOYEE EXTENSION <b>6815</b>
7. PROPOSED STATION <div></div>		8. PROPOSED POSITION (Title, Number, Grade) <b>Ops Off 0376 GS-09</b>	
9. TYPE OF COVER AT NEW STATION <div></div>		10. ESTIMATED DATE OF DEPARTURE <b>o/a 27 April 69</b>	11. NO. OF DEPENDENTS TO ACCOMPANY <b>1</b>
12. COMMENTS  <b>VICE KENNETH R. GOODMAN</b> <div></div> <b>89'8 ATTACHED.</b> <div></div> <div style="text-align: right;"><i>PPMacDougall</i> <b>10 MAR 1969</b></div>			
13. DATE OF REQUEST <b>6 March 1969</b>	14. SIGNATURE OF REQUESTING OFFICIAL <i>PPMacDougall</i> <b>PPMacDougall</b>	15. ROOM NUMBER AND BUILDING <b>3D5309 Hqs.</b>	16. EXTENSION <b>6815</b>
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION  <b>25 MAR 1969</b> <b>QUALIFIED</b> <i>726011</i> <b>CHAIRMAN, COUNCIL</b>			
<b>REQUEST FOR PCS OVERSEAS EVALUATION</b>			

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		DATE OF REQUEST <b>6 March 1969</b>
2. NAME (Last, First, Middle) <b>Flores, Daniel (dependent)</b>	3. POSITION TITLE <b>Ops Officer</b>	4. GRADE <b>GS-08</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/WI/4</b>	6. EMPLOYEE'S EXT. <b>6815</b>	
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">         PTD.  <b>o/a 27 April 1969</b>          STATION  <div style="border: 1px solid black; height: 15px; width: 100%;"></div>         TDY OR PCS  <b>PCS</b>          TYPE OF COVER  <div style="border: 1px solid black; height: 15px; width: 100%;"></div>         NO. OF DEPENDENTS TO ACCOMPANY  <b>1</b>          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 50) ATTACHED  <b>2</b> </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">         LTA          STATION          NO. OF DEP.'S       </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)  <input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO	9. REQUESTING OFFICER SIGNATURE <div style="text-align: center; margin-top: 10px;"><b>PPMacDougall</b></div> <div style="text-align: center; margin-top: 10px;"><b>WI/Personnel</b></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>ROOM NO. &amp; BUILDING <b>3D5309 Hqs.</b></span> <span>EXT. <b>6815</b></span> </div>	
10. COMMENTS  <div style="margin-left: 40px;">Wife - <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span></div> <div style="text-align: right; margin-top: 20px;"><i>PPMacDougall</i></div>		
11. REPORTING OFFICER QUALIFIED FOR PROPOSED OS PCS  <div style="text-align: center; margin-top: 10px;"><b>SPERRY PRESTON</b></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>DATE</span> <span>SIGNATURE FOR CHIEF OF MEDICAL STAFF</span> </div>		



SECRET

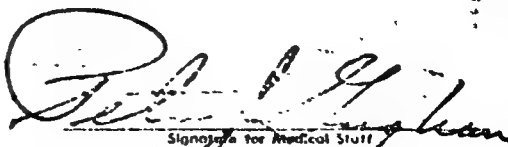
1. NAME (Last, First, Middle) <b>Flores, Daniel</b>		2. DATE OF BIRTH <b>4 August 1935</b>		3. GRADE <b>GS-09</b>	
4. OFFICE, DIVISION, BRANCH (for overseas station and existing cover if lateral assignment) <b>DDP/WI/4</b>		5. PRESENT POSITION <b>Ops Officer</b>		6. EMPLOYEE EXTENSION <b>6815</b>	
7. PROPOSED STATION <div></div>		8. PROPOSED POSITION (Title, Number, Grade) <b>Ops Off 0376 GS-09</b>			
9. TYPE OF COVER AT NEW STATION <div></div>		10. ESTIMATED DATE OF DEPARTURE <b>c/a 27 April 69</b>		11. NO. OF DEPENDENTS TO ACCOMPANY <b>1</b>	
12. COMMENTS  <b>VICE KENNETH R. GOODMAN</b> <div></div> <b>89's ATTACHED.</b>					
13. DATE OF REQUEST <b>6 March 1969</b>		14. SIGNATURE OF REQUESTING OFFICIAL <b>PPMacDougall</b>		15. ROOM NUMBER AND BUILDING <b>3D5309 Hqs.</b>	
16. EXTENSION <b>6815</b>					
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION <b>MEDICALLY QUALIFIED FOR PROPOSED OS PCS.</b> <b>DONALD FARLEY</b>  <b>13 21 69</b>					
<b>REQUEST FOR PCS OVERSEAS EVALUATION</b>					

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>6 October 1961</b>	
2. NAME (Last, First, Middle) <b>FIDRUS, DANIEL</b>		3. POSITION TITLE <b>File Clerk</b>	
4. GRADE <b>GS-04</b>		5. EMPLOYEE'S EXT. <b>05-04</b>	
6. OFFICE, DIVISION, BRANCH <b>DDP/OPBR</b>			
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> <del>XXXXXXXXXXXX</del>  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> NOGS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         ETD          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         EIA          STATION          NO. OF DEPS       </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <b>Chirley Wells</b> ROOM NO. & BUILDING <b>BCI 3016 164th Capdet</b>	
		EXT. <b>2781</b>	

10. POINT OF DISCUSSION COMMENTS   <div style="text-align: center;">1001322.MART</div>	
11. REPORT OF EVALUATION   <div style="text-align: center;">NOV 5 1961</div>	
DATE <b>12 NOV 61</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF <b>OFFICE OF MEDICAL STAFF</b>

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(When Filled In)

REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION		1. DATE 6 October 1961	
2. NAME (Last) PLORES,		(First) DANIEL	(Middle)
4. ORGANIZATIONAL ASSIGNMENT DDP/OPSER		3. SEX X Male Female	
5. POSITION, TITLE AND GRADE File Clerk GS-04		6. MEDICAL STAFF REQUESTED TO CHECK DESIRED ACTION BELOW, RETURN ORIGINAL COPY TO OFFICE OF PERSONNEL	
<input type="checkbox"/> Approve Processing For E. O. D.		<input checked="" type="checkbox"/> Hold Pending Receipt of Additional Medical Information (Form Letters Attached)	
<input checked="" type="checkbox"/> Request Pre-Employment Medical Examination		<input type="checkbox"/> Rejected For Medical Reasons	
7. REMARKS  259 Forwarded as of 6 October 1961			
 Signature for Medical Staff			

FORM NO. 570  
1 MAY 58

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### QUALIFICATIONS UPDATE

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS**

Note that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 440, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5B-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

<b>SECTION I</b>							<b>BIOGRAPHIC AND POSITION DATA</b>				
EMP. SER. NO. <b>036130</b>		NAME (Last-First-Middle) <b>Flores, Daniel</b>				DATE OF BIRTH <b>08/04/35</b>					
<b>SECTION II</b>							<b>EDUCATION</b>				
<b>HIGH SCHOOL</b>											
LAST HIGH SCHOOL ATTENDED			ADDRESS (City, State, Country)			YEARS ATTENDED (From-To)		GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>COLLEGE OR UNIVERSITY STUDY</b>											
NAME AND LOCATION OF COLLEGE OR UNIVERSITY			SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/OTR. HRS. (Specify)			
			MAJOR	MINOR							
1. <i>American University, Washington, DC</i>			<i>Political Science</i>		<i>1962-1967</i>	<i>B.A.</i>	<i>1967</i>	<i>120 hrs</i>			
2.											
IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.											
<b>TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS</b>											
NAME AND ADDRESS OF SCHOOL			STUDY OR SPECIALIZATION			FROM	TO	NO. OF MONTHS			
<b>OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE</b>											
NAME AND ADDRESS OF SCHOOL			STUDY OR SPECIALIZATION			FROM	TO	NO. OF MONTHS			
<b>SECTION III</b>											
<b>MARITAL STATUS</b>											
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried?) SPECIFY:											
2. NAME OF SPOUSE (Last) (First) (Middle) ( Maiden)											
3. DATE OF BIRTH			4. PLACE OF BIRTH (City, State, Country)								
5. OCCUPATION			6. PRESENT EMPLOYER								
7. CITIZENSHIP			8. FORMER CITIZENSHIP(S) COUNTRY(IES)				9. DATE U.S. CITIZENSHIP ACQUIRED				
<b>SECTION IV</b>											
<b>DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE</b>											
NAME		RELATIONSHIP	DATE AND PLACE OF BIRTH		CITIZENSHIP	PERMANENT ADDRESS					
1. <input type="checkbox"/> ADD											
2. <input type="checkbox"/> DELETE											
3. <input type="checkbox"/> ADD											
4. <input type="checkbox"/> DELETE											

FORM 440-1  
8-68

**SECRET**

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(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY--CHECK ONE		
				TRAVEL	STUDY	ASSIGNMENT
			JUL 30 5 36 AM '58			

SECTION VI TYPING AND STENOGRAPHIC SKILLS	
1. TYPING (WPM) 2. SHORTHAND (M/M)	3. INDICATE SHORTHAND SYSTEM USED--CHECK ALL APPROPRIATE ITEM <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENO TYPE <input type="checkbox"/> OTHER SPECIFY:

SECTION VII SPECIAL QUALIFICATIONS
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED

SECTION VIII MILITARY SERVICE	
<b>CURRENT DRAFT STATUS</b>	
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. NEW CLASSIFICATION
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS	4. IF DEFERRED, GIVE REASON
<b>MILITARY RESERVE, NATIONAL GUARD STATUS</b>	
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG	<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK
3. EXPIRATION DATE OF CURRENT OBLIGATION	
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (Active) <input type="checkbox"/> STANDBY (Inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED	
5. MILITARY MOBILIZATION ASSIGNMENT	
6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED	
<b>MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)</b>	
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION
	DATE COMPLETED
	RESIDENT
	AGENCY SPONSORED

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS		
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP
		FROM    TO

SECTION X

21 June 1961

**SECRET**

Name: FLETER, Daniel

Date of Birth: 10/25/35

Date of Graduation: 5-62 Graduate

Date &amp; Place of Birth: 4-8-35, San Marco, Texas

Non-degree

Wash. Sem.

THE AMERICAN COLLEGE  
WASHINGTON, DISTRICT OF COLUMBIA

ADMISSION RECORD: Full Standing

PREVIOUS RECORD: San Marcos High School, Texas 5/55

TOOLS OF RESEARCH PASSED:

COMPREHENSIVE EXAMINATIONS PASSED:

CATALOG NUMBER	TITLE OF COURSE	SEM. NUMBER	GRADE	QUALITY POINTS
FALL 62				
10300	INTRO ECONOMICS I	3	C	3
10300	ENGLISH COMP I	3	C	3
10300	BACKGROUNDS CIV I	3	D	3
10300	INTRO WORLD POL	3	C	3
SPR 63				
10300	INTRO ECONOMICS II	3	D	3
10300	AMERICAN GOVT NATL	3	D	3
27101	ENGLISH COMP II	3	F	1-63
10301	BACKGROUNDS CIV II	3	C	3
FALL 1963				
3101	COMP & READING II	3	B	6
3101	ECON ANAL INCOME	3	F	1
SPRING 1964				
10301	INTRO PHILOSOPHY	3	C	3
10301	INTRO GOVT ST & SOC	3	F	1
SPRING 1965				
10301	INTRO BIOLOGY	3	C	3
10301	INTRO POL INT POWRS	3	B	6
10301	INTRO PHILOSOPHY	3	C	3
10301	STATE GOVERNMENT	3	B	6
SUMMER 1965				
10301	PHYSICAL SCIENCES	3	B	6
10301	INT & NEW TESTAMENT (Course cancelled by Univ.)	3		
FALL 1965				
10301	INTERNATL LAW & ORGANIZA 460-48-6230	3	A	9
10301	INTRO LATIN AMER	3	C	3
10301	COMPARATIVE RELIGION	3	C	3
10301	INTRO POLIT THEORY	3	C	3
10301	INTRO PSYCHOLOGY	3	D	3
SPRING 1966				
10301	COLLEGE OF ARTS & SCIENCES	3	A	9
10301	INTRO POLIT THEORY	3	A	9

NEW STUDENT NUMBER  
 10306 INTRO ACCOUNTING I  
 37458 ADV SPANISH II  
 53511 MODERN POLIT THEORY

3 C 3  
 3 A 9  
 3 C 9

SUMMER 1966

COLLEGE OF ARTS &amp; SCIENCES

24531 RUSSIA SINCE 1917  
 37550 ADV SPAN II  
 47376 MODERN RELIG THOUGHT

3 C 6  
 3 B 6  
 3 C 9

FALL 1966

COLLEGE OF ARTS &amp; SCIENCES

33450 CONTEMP INT POLIT  
 33584 LATIN AMER SEM I  
 37550 GOLDEN AGE NOVEL  
 53548 GOV & POL LAT AMER

3 D 6  
 9 A 27  
 3 A 9  
 3 C 3

SPRING 1967

COLLEGE OF ARTS &amp; SCIENCES

33440 INTERNATL LAW & ORGANIZA  
 33529 LAT AMER INTERNATL RELA  
 37354 MODERN SPANISH DRAMA  
 37551 SPANISH 19TH C NOVEL  
 53150 U S POLITICAL SYSTEM I

3 B 6  
 3 A 9  
 3 A 6  
 3 B 6  
 3 C 3

Wash. Sem.  
 Summer  
 Summer Spring 1966, Fall 1966.

REGISTERED CERTIFICATE

THIS CERTIFICATE IS VALID FOR THE PURPOSES OF THE  
 DISTRICT OF COLUMBIA BOARD OF EDUCATION  
 JUL 12 1967  
 [Signature]

SECRET

(When Filled In)

A-1-A

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## QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

## SECTION I

## BIOGRAPHIC AND POSITION DATA

1. EMP. SER. NO.	2. NAME (Last, First, Middle)	3. SEX	4. DATE OF BIRTH	5. SCHEDULE, GRADE, STEP
086130	FLORES DANIEL		08/04/35	GS--05-04
6. SO	7. POSITION/TITLE	8. OFFICE OF ASSIGNMENT	9. LOCATION (Agency, City)	
D	INTELLIGENCE CLERK	WM	WASH., D.C.	

## SECTION II

## AGENCY OVERSEAS SERVICE

AREA	DATE TO	FROM	TO
AC OVERSEAS SERVICE			

## SECTION III

## EDUCATION

DEGREE	MAJOR FIELD	SCHOOL	YEAR
AC COLLEGE DEGREE ON RECORD			

SECRET

 14-00000  
 14-00000  
 14-00000

07 MAY 1970

14-00000

## SECRET

(When Filled In)

SECTION III						
EDUCATION (Cont'd)						
HIGH SCHOOL						
LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Zip)		YEARS ATTENDED FROM TO	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM TO	DEGREE RECEIVED	YEAR RECEIVED	HONORARY / G.D. (HONORARY)
	MAJOR	MINOR				
1 The American University Washington, D.C.	Pol.Sci.	Spanish Literature	1962 - 1967	A degree will be conferred in July 1967.		11th Sem. Hrs.
2						
3						
4						
5 IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT						
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1						
2						
3						
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1						
2						
3						
4						
5						
AGENCY SPONSORED EDUCATION						
Specify which, if any, of the education shown in Section III was Agency sponsored						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1						
2						
3						
4						
5						

SECRET



## SECRET

(When Filled In)

SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY CHECK IN			
				OFFICE	TRAVEL	STUDY	WORK ASSIGNMENT
Bolivia	Economic, topographic, cultural and political.	Nov. 1959- Jan. 1960	American Univ. 1962-1967	X		X	
Peru	Topographic, cultural, and political.	Jan. 1960- Nov. 1960	American Univ. 1962-1967	X		X	
Latin America in general.	Economic, topographic, cultural, and political.		American Univ. 1962-1967			X	

SECTION V TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (WPM) 45	2. SHORTHAND (WPM)	3. INDICATE SHORTHAND SYSTEM USED. CHECK IN APPROPRIATE ITEM. <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER, SPECIFY	
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (comparator, mimeograph, card punch, etc.)			

SECTION VI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.	
2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS (indicate CW speed, sending & receiving), OFFSET PRESS, TURRET LATHE, LOP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.	
3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PHOTO, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Provide license registry number, if known)	5. FIRST LICENSE/CERTIFICATE year of issue 6. LATEST LICENSE/CERTIFICATE year of issue
7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. do NOT submit copies unless requested. INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (see heading for article, articles, general interest subjects, novels, short stories, etc.)	
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED	
9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE	

SECRET

when filled in.

[illegible]

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**- 7 -**

SECRET  
(When Filled In)

1-61		LANGUAGE DATA RECORD	
PART I-GENERAL			
1. NAME (Last-First-Middle) <i>FLORES, RONNIE</i>		2. DATE OF BIRTH (78-10) MONTH DAY YEAR <i>Aug. 1, 1935</i>	
3. LANGUAGE (33-33) <i>SPANISH 720</i>	4. TODAY'S DATE (36-32) MONTH DAY YEAR <i>MARCH 12 1962</i>		5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.			
(2) I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.			
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.			
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS; NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.			
5. I HAVE NO READING ABILITY IN THE LANGUAGE.			
SECTION B. Writing (41)			
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.			
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.			
(3) I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.			
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.			
5. I CANNOT WRITE IN THE LANGUAGE.			
SECTION C. Pronunciation (42)			
(1) MY PRONUNCIATION IS NATIVE.			
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.			
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.			
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.			
5. I HAVE NO SKILL IN PRONUNCIATION.			
CONTINUE ON REVERSE SIDE			

## CONTINUATION OF PART II—LANGUAGE ELEMENTS

## SECTION D.

## Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

## SECTION E.

## Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKE AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING — CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

## PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

## PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

March 13, 1962

SIGNATURE

Daniel S. Lee

(46)

(47)

DO NOT USE THIS SPACE EXCEPT BY		PERSONAL HISTORY STATEMENT		DATE: 10 OCT 6, 1961	
INSTRUCTIONS					
<p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p>					
SECTION I GENERAL PERSONAL AND PHYSICAL DATA					
1. FULL NAME (Last-First-Middle)		2. AGE		3. SEX	
FLORES, Daniel		26		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4. HEIGHT	5. WEIGHT	6. COLOR OF EYES	7. COLOR OF HAIR	8. TYPE COMPLEXION	9. TYPE BUILD
5' 8"	165 lbs.	Brown	Black	Dark	Medium
10. SCARS (Type and Location)					
Right cheek, one-half inch scar; left upper lip, one-quarter inch scar; both received playing football					
11. OTHER DISTINGUISHING PHYSICAL FEATURES					
None					
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)			13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO.		
2828 Connecticut Avenue, N. W., #203 Washington 8, D. C.			2828 Connecticut Avenue, N. W. #203 - Washington 8, D. C.		
14. CURRENT PHONE NO.		15. OFFICE PHONE NO. & EXT.		16. LEGAL RESIDENCE (State, Territory or Country)	
264-8322		None		Washington, District of Columbia	
17. NICKNAMES		18. OTHER NAMES YOU HAVE USED			
Dan		None			
19. INDICATE CIRCUMSTANCES (including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES					
Personal acquaintances - twelve years					
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what Authority)					
NA					
SECTION II POSITION DATA					
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING					
Any phase of communications; administration; or personnel work.					
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary).			3. DATE AVAILABLE FOR EMPLOYMENT		
\$ 4,250.00			Immediately		
4. INDICATE YOUR WILLINGNESS TO TRAVEL					
<input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER					
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)					
<input checked="" type="checkbox"/> WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN U.S. <input type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify)					
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D. C. AREA.					
I would be willing to travel within the United States provided said travel would not involve a permanent move whereby my legal residence would be changed. However, it is my wish to live overseas on a permanent basis.					



-2-

SECTION III		CITIZENSHIP	
1. DATE OF BIRTH	2. PLACE OF BIRTH (City, State, Country)	3. PRESENT CITIZENSHIP (Country)	
APRIL 14, 1915	SAN MARCOS, TEXAS	UNITED STATES OF AMERICA	
4. CITIZENSHIP ACQUIRED BY	5. DATE NATURALIZED	6. NATURALIZATION CERTIFICATE NO.	
BIRTH	YES	NA	
7. COURT ISSUED NATURALIZATION CERTIFICATE		8. ISSUED BY (City, State, Country)	
NA		NA	
9. HAVE YOU HELD PREVIOUS NATIONALITY		10. IF YES, GIVE NAME OF COUNTRY	
YES		NA	
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.			
NA			
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP		13. GIVE PARTICULARS	
YES		NA	
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)			
NA			
15. DATE OF ARRIVAL IN U.S.	16. PORT OF ENTRY	17. ON PASSPORT OF WHAT COUNTRY	
NA	NA	NA	
18. LAST U.S. VISA (No., Type, Place of Issue)	19. DATE VISA ISSUED		
NA	NA		
SECTION IV			
EDUCATION			
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED			
LESS THAN HIGH SCHOOL GRADUATE		OVER TWO YEARS OF COLLEGE - NO DEGREE	
HIGH SCHOOL GRADUATE		BACHELOR'S DEGREE	
TRADE, BUSINESS OR COMMERCIAL SCHOOL GRADUATE		GRADUATE STUDY LEADING TO HIGHER DEGREE	
X TWO YEARS COLLEGE OR LESS		MASTER'S DEGREE DOCTOR'S DEGREE	
2. ELEMENTARY SCHOOL			
1. NAME OF ELEMENTARY SCHOOL		2. ADDRESS (City, State, Country)	
San Marcos Elementary School		San Marcos, Texas, U.S.A.	
3. DATES ATTENDED (From and To)		4. GRADUATE	
Sept., 1932 - May, 1934		YES	
3. HIGH SCHOOL			
1. NAME OF HIGH SCHOOL		2. ADDRESS (City, State, Country)	
San Marcos High School		San Marcos, Texas, U.S.A.	
3. DATES ATTENDED (From and To)		4. GRADUATE	
Sept., 1934 - May, 1936		YES	
4. COLLEGE OR UNIVERSITY STUDY			
1. NAME OF COLLEGE OR UNIVERSITY		2. ADDRESS (City, State, Country)	
NA		NA	
3. DATES ATTENDED (From and To)		4. GRADUATE	
NA		NA	
5. NAME OF COLLEGE OR UNIVERSITY		6. ADDRESS (City, State, Country)	
NA		NA	
7. DATES ATTENDED (From and To)		8. GRADUATE	
NA		NA	
9. NAME OF COLLEGE OR UNIVERSITY		10. ADDRESS (City, State, Country)	
NA		NA	
11. DATES ATTENDED (From and To)		12. GRADUATE	
NA		NA	
13. NAME OF COLLEGE OR UNIVERSITY		14. ADDRESS (City, State, Country)	
NA		NA	
15. DATES ATTENDED (From and To)		16. GRADUATE	
NA		NA	
17. NAME OF COLLEGE OR UNIVERSITY		18. ADDRESS (City, State, Country)	
NA		NA	
19. DATES ATTENDED (From and To)		20. GRADUATE	
NA		NA	

## SECTION IV CONTINUED FROM PAGE 1

5. IF A GRADUATE DEGREE HAS BEEN NOTED, INDICATE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS. INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

NA

## 6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
NA				

## 7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
Marine Security Guard School - Henderson Hall Hq. Marine Corps, Washington 25, D.C.	Security Guard Training	9/22/55	10/31/55	(5 wks)

## 8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

Weapons Training in Marine Corps.  
Acted as partisan during cold weather training at Bridgeport,  
California (Pickle Meadows - TMS).

## SECTION V

## FOREIGN LANGUAGE ABILITIES

1. LANGUAGE (List below each language in which you possess any degree of competence. Indicate your proficiency in Read, Write or Speak by placing a check (X) in the appropriate boxes.)	2. COMPETENCE - IN ORDER LISTED						3. HOW ACQUIRED			
	Read		Write		Speak		NATIVE OF COUNTRY	PRO-LOVED RES. LICENCE	CONTACT (with parents etc.)	ACADEMIC STUDY (all levels)
	Read	Write	Read	Write	Read	Write				
Spanish	X		X		X					X

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" INDICATE LENGTH AND INTENSIVENESS OF STUDY

NA

3. IF YOU HAVE CHECKED "PRO-LOVED RES. LICENCE" INDICATE DIFFERENCES IN SPOKEN AND WRITTEN FORM SO PLAN YOUR COMPETENCE THEREIN

NA

4. DESCRIBE IN DETAIL ANY OTHER SPECIALIZED TRAINING OR EXPERIENCE IN THE FIELD OF THE TYPE, BRANCHES, ETC. COMMUNICATIONS, TRANSPORT, AND OTHER SPECIALIZED STUDIES

Could act as literal interpreter at almost any level.

5. IF YOU HAVE CHECKED "CONTACT (with parents etc.)" INDICATE LENGTH AND INTENSIVENESS OF STUDY

SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELED OR TO WHOM KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR OTHER ACTIVITY. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
Bolivia	General knowledge	11/13/58 to 1/1/60		X			
Peru	General knowledge	1/1/60 to 11/30/60		X			
Chile		6/15/59 to 6/21/59			X		
Argentina		6/21/59 to 6/30/59			X		
Uruguay		6/30/59 to 7/2/59			X		
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.							
Marine Security Guard - American Embassy - Bolivia and Peru Vacation - Chile; Argentina; Uruguay; Panama							
3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED							
No. 174850 (SP-35575) Passport has been cancelled.							
SECTION VII TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (wpm)		2. SHORTHAND (wpm)		3. SHORTHAND SYSTEM USED - CHECK ALL APPROPRIATE ITEM			
45 wpm		None		SHELLS SPEEDWRITING STENO TYPE OTHER (Specify)			
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Computers, Mimeograph, Card Punch, Etc.).							
Thermofax, mimeograph, switchboard							
SECTION VIII SPECIAL QUALIFICATIONS							
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.							
Football - good Basketball - fair Swimming - good Reading - average Contract Bridge - very good							
2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.							
None to my knowledge							
3. INCLUDING BUSINESS EQUIPMENT OR MACHINES WITH WHICH YOU HAVE USED, LIST ANY SPECIAL SKILLS YOU POSSESS RELATIVE TO OTHERS. POINT AND MARKING SUCH AS OPERATING OR STATISTICAL MACHINES (Index card CF speed, naming and recording, GPO Press, Turbot Lathe, Scientific and Professional Devices).							
None							



SECTION VIII CONTINUED FROM PAGE 8	
6. ARE YOU NOW OR HAVE YOU EVER BEEN QUALIFIED OR CERTIFIED AS MEMBER OF ANY OF THE FOLLOWING PROFESSIONS OR OCCUPATIONS SUCH AS PLUMBER, ELECTRICIAN, RADIO OPERATOR, TEACHER, COOK, OR MEDICAL TECHNICIAN, ETC.? YES NO	
7. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE IN WHICH IT WAS ISSUED. (Provide License or Registry Number, if known.)	
NA	
8. FIRST LICENSE OR CERTIFICATE (Year of issue)	9. LATEST LICENSE OR CERTIFICATE (Year of issue)
NA	NA
10. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. (Give name of publication, title, date of publication, and type of writing (News Article or Scientific Article, Travel Interest Article, Memoir, Short Story, Etc.).	
None	
11. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED	
None	
12. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE	
Have spoken in my father's church and other churches approximately 150 times. Met and assisted public in Embassies during my tour of duty with the Marine Security Guard.	
13. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.	
None	
SECTION IX EMPLOYMENT HISTORY	
NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for last 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state of all past employment including periods of unemployment. List all civilian employment by a full description of duties, regardless of date. In completing item 13, "Description of Duties," consider your experience carefully and describe meaningful, in a few statements.	
1. INCLUDE DATE (From and To) By No. and 1	2. NAME OF EMPLOYER (Full Name)
From 1949 to 1953	Hillburn's Soda Store
3. ADDRESS (No., Street, City, State, Country)	
San Marcos, Texas	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Drug Store	Mr. William Hillburn
6. TITLE OF JOB	7. SALARY OR BASIC PAY (Give Class Grade or Federal Income)
Fountain Attendant	\$12.00 per month
8. DESCRIPTION OF DUTIES	
Employee at soda counter	
10. REASONS FOR LEAVING	
To participate in school events (football).	

SECTION IV - CONTINUED FROM PAGE 3	
1. INCLUSIVE DATES: From and To - By No. and 1st	2. NAME OF EMPLOYING FIRM OR AGENCY
July 1955 - June 1956	Diamond Grocery Store
3. ADDRESS (No., Street, City, State, Country)	
South Guadalupe St., San Marcos, Texas	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Grocery Store	Mr. Ignacio Gonzales
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service)
Butcher	\$20.00 PER WEEK
9. DESCRIPTION OF DUTIES	
Slaughtering and preparing meat for sale as well as actual selling.	
10. REASONS FOR LEAVING	
To attend college?	
1. INCLUSIVE DATES: From and To - By No. and 1st	2. NAME OF EMPLOYING FIRM OR AGENCY
May, 1955 - September, 1955	San Marcos Baptist Academy
3. ADDRESS (No., Street, City, State, Country)	
San Marcos, Texas	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Private School	Mr. John Sparkman
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service)
Painter's Assistant	\$15.00 PER WEEK
9. DESCRIPTION OF DUTIES	
Painted dormitories in the Academy	
10. REASONS FOR LEAVING	
To attend school	
1. INCLUSIVE DATES: From and To - By No. and 1st	2. NAME OF EMPLOYING FIRM OR AGENCY
September, 1956 - July, 1957	Economy Department Stores
3. ADDRESS (No., Street, City, State, Country)	
San Marcos, Texas	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Clothing Store	Mr. Max Mendlovitz
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service)
Sales Clerk	\$30.00 PER WEEK
9. DESCRIPTION OF DUTIES	
Assisted customers in selecting and buying goods.	
10. REASONS FOR LEAVING	
To join the Marine Corps.	
1. INCLUSIVE DATES: From and To - By No. and 1st	2. NAME OF EMPLOYING FIRM OR AGENCY
July 24, 1957 - July 22, 1961	United States Marine Corps
3. ADDRESS (No., Street, City, State, Country)	
Marine Corps Schools, Quantico, Virginia	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Military	Col. John Magruder
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service)
Marine Corps Museum Attendant	\$100.00 PER MONTH Sp4 (E-4)

SECTION IV - CONTINUED FROM PAGE 3

SECTION IX (CONTINUED FROM PAGE 4)			
<p>9. DESCRIPTION OF DUTIES</p> <p>Acted as guide to all visitors entering Museum, explaining Marine Corps history, etc. Also on several occasions acted as interpreter for visiting military personnel from Latin America.</p>			
<p>10. REASONS FOR LEAVING</p> <p>Discharged</p>			
<p>1. INCLUSIVE DATES (From and To - Month and Year)</p> <p>July 28, 1961 - August 30, 1961</p>		<p>2. NAME OF EMPLOYING AGENCY OR AGENCY</p> <p>Ohio Valley Engineering Company</p>	
<p>3. ADDRESS (No., Street, City, State, Country)</p> <p>3. Capital and I Streets, S. W., Washington, D. C.</p>			
<p>4. KIND OF BUSINESS</p> <p>Construction</p>		<p>5. NAME OF SUPERVISOR</p> <p>Mr. L. G. Brice</p>	
<p>6. TITLE OF JOB</p> <p>Laborer</p>		<p>7. SALARY OR EARNINGS</p> <p>2.17 per hour</p>	<p>8. CLASS, GRADE (If Federal Service)</p>
<p>9. DESCRIPTION OF DUTIES</p> <p>Handyman for Company</p>			
<p>10. REASONS FOR LEAVING</p> <p>Temporary work while seeking permanent employment.</p>			
<p>1. INCLUSIVE DATES (From and To - Month and Year)</p>		<p>2. NAME OF EMPLOYING AGENCY OR AGENCY</p>	
<p>3. ADDRESS (No., Street, City, State, Country)</p>			
<p>4. KIND OF BUSINESS</p>		<p>5. NAME OF SUPERVISOR</p>	
<p>6. TITLE OF JOB</p>		<p>7. SALARY OR EARNINGS</p>	<p>8. CLASS, GRADE (If Federal Service)</p>
<p>9. DESCRIPTION OF DUTIES</p>			
<p>10. REASONS FOR LEAVING</p>			
<p>11. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF ANY</p> <p>7 1/2 years</p>			
<p>12. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS</p> <p>Honorably discharged from United States Marine Corps.</p>			

SECTION X		MILITARY SERVICE	
1. CURRENT DRAFT STATUS			
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1964 (40 USC 1501)?		2. SELECTED SERVICE CLASSIFICATION	
X YES		3. SELECTIVE SERVICE NO.	
4. IF DEFERRED, GIVE REASON		5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS	
NA		655 - 111 1/2 S. Oak Avenue St. Louis, Mo.	
2. MILITARY SERVICE RECORD			
3. CURRENT AND OR PAST ORGANIZATIONAL MEMBERSHIP			
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS
			AIR FORCE
			COAST GUARD
			NAVY MARINE CORPS
			GUARD
			FOREIGN ORGAN OR MIL. SERVICE
HAVE SERVED		X	
NOW SERVING			None
4. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)			
Personnel Administration			
5. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)		6. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past or Present service)	
25 July, 1961		1 year	
7. DATE ENTERED ACTIVE DUTY		8. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY OR ORGANIZATION	
26 July, 1957			
9. RANK, GRADE OR RATE		10. SERVICE SERIAL OR FILE NUMBER (If now serving, provide current number)	
Capt. (E-4)			
11. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Use or Designation) AND TITLE		12. CURRENT SERVICE	
0111 - Chief Clerk			
13. SECONDARY MIL. OCCUPATIONAL SPECIALTY (Use or Designation) AND TITLE		14. CURRENT SERVICE	
None			
15. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)			
Past Service: Clerk - Maintained personnel service records. 2 years as Security Guard in the American Embassies in La Paz, Bolivia and Lima, Peru.			
16. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY			
X HONORABLE DISCHARGE		RETIREMENT FOR SERVICE	
X RELEASE TO INACTIVE DUTY		RETIREMENT FOR PHYSICAL DISABILITY	
RETIREMENT FOR AGE		OTHER	
17. CHECK (X) COMPONENT IN WHICH YOU SERVED			
X REGULAR		X RESERVE (Indicate the National and Air National Guard)	
OTHER (Including ACU)			
18. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS			
1. DO YOU NOW HAVE RESERVE STATUS?		2. ARE YOU NOW A MEMBER OF THE NAT'L. GUARD OR AIR NAT'L. GUARD?	
X YES		YES	
NO		NO	
3. ARE YOU NOW A MEMBER OF THE ROTC?		YES	
NO		NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW			
ARMY		NAT. GUARD	
X MARINE CORPS		COAST GUARD	
NAVY		NAVY ROTC	
AIR FORCE		AIR ROTC	
AIR NAT'L. GUARD		AIR FORCE ROTC	
5. CURRENT RANK, GRADE OR RATE		6. DATE OF APPOINTMENT	
Capt. (E-4)		January 22, 1962	
7. CHECK (X) CURRENT RESERVE CATEGORY		8. EXPIRATION DATE OF CURRENT RESERVE DUTY	
READY RESERVE		None	
STANDBY ACTIVE		STANDBY INACTIVE	
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Use or Designation) AND TITLE		10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Use or Designation) AND TITLE	
0111		None	
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES			
None			
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L. GUARD OR ROTC TRAINING UNIT?			
YES			
13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS			
None			
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?			
YES			
15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS			
None			
16. INDICATE TOTAL MILITARY SERVICE YEARS MONTHS			
7 7			
17. WHERE ARE YOUR SERVICE RECORDS KEPT?			
Military Records Division, Department of Defense			

SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON A SALARY?		YES	<input checked="" type="checkbox"/> NO
2. IF YOUR ANSWER IS "YES" TO THE ABOVE, STATE SOURCE OF OTHER INCOME			
Wife's Income			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION		ADDRESS (No., Street, City, State)	
The Bank of California, N.A.		330 S.W. 5th Avenue, Portland, Oregon	
Union Trust Company		15 and H Streets, N.W., Washington, D.C.	
4. HAVE YOU EVER BEEN IN OR DETENTION FOR BANKRUPTCY?		YES	<input checked="" type="checkbox"/> NO
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS INCLUDING COURT AND DATE(S)			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME		ADDRESS (No., Street, City, State)	
General Motors Acceptance Corp.		1310 S.W. Yamhill Street, Portland 5, Oregon	
Gulf Oil Corporation		P.O. Box 72-5, Atlanta 9, Georgia	
Hinde Furniture Company		917 Caroline Street, Fredericksburg, Virginia	
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?		YES	<input checked="" type="checkbox"/> NO
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN OR OFFICIAL CONNECTIONS WITH ANY U.S. CORPORATIONS OR BUSINESSES, OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If answer "YES", furnish details on separate sheet.)	
SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Divorced, Separated, Divorced, or Annulled) SPECIFY: <u>Married</u>			
2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS			
NA			
WIFE, HUSBAND OR FIANCE If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiance.			
1. NAME (First) (Middle) (Last)		Flores	
2. STATE ANY OTHER NAMES EVER USED		(INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH ONE OF THESE NAMES WAS USED. IF LEGAL CHANGE GIVE PARTICULARS (show and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 18 OF THIS FORM TO RECORD THIS INFORMATION.)	
3. DATE OF MARRIAGE		4. PLACE OF MARRIAGE (City, State, Country)	
November 14, 1960		Lima, Peru	
7. HIS OR HER ADDRESS, BEFORE MARRIAGE (No. Street City State Country)			
8. LIVING		9. DATE OF DEATH	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
11. CURRENT ADDRESS (No. Street City State Country)			
2323 Connecticut Ave., N.W., 1003, Washington 8, D.C.			
12. DATE OF BIRTH		13. PLACE OF BIRTH (City, State, Country)	
		Portland, Oregon	
		United States of A.C.	

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SECTION XII CONTINUED FROM PAGE 9				
14. IF BORN OUTSIDE U.S. - DATE OF ENTRY		15. PLACE OF ENTRY		
NA		NA		
16. FORMER CITIZENSHIP (Country, etc.)		17. DATE U.S. CITIZENSHIP ACQUIRED		
NA		NA		
18. OCCUPATION		19. PRESENT EMPLOYER (Give full name of employer or if spouse - deceased or unemployed - give last name and address)		
Legal Secretary		Boykin and De Francis Former: Department of State		
20. EMPLOYER'S OR BUSINESS ADDRESS (No. Street, City, State, Country)				
1000 14th St., N.W., Suite 601, Washington, D.C.				
21. DATES OF MILITARY SERVICE (From and to - If No. and If)				
None				
22. BRANCH OF SERVICE		23. COUNTRY OF WHICH MILITARY SERVICE AFFILIATED		
24. DETAILS OF OTHER GOVERNMENT SERVICE (U.S. OR FOREIGN)				
Foreign Service - Jan., 1953 - Oct., 1960; Civil Service - Jan., 1961 - June, 1962				
SECTION XIII CHILDREN AND OTHER DEPENDENTS				
1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
None				
2. NUMBER OF CHILDREN (including step-children and adopted children) who are UNMARRIED, UNDER 21 yrs. OF AGE, AND NOT SELF-SUPPORTING.		3. NUMBER OF OTHER DEPENDENTS (including spouse, parents, grandparents, etc.) who are UNMARRIED, UNDER 21 yrs. OF AGE, AND NOT SELF-SUPPORTING.		
0		0		
SECTION XIV FATHER (Give same information for Stepfather and adoptive father as a separate sheet)				
1. FULL NAME (Last-First-Middle)		2. LIVING		3. DATE OF DEATH
Jose S. Flores		YES		
4. STATE OTHER NAMES HE HAS USED		5. INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF NAME CHANGE, GIVE PARTICULARS, where and by what authority. USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.		
None				
6. CURRENT ADDRESS - Give last address, if deceased: No., Street, City, State, Country				
501 S. Guadalupe Street, San Antonio, Texas				
7. DATE OF BIRTH		8. PLACE OF BIRTH (City, State, Country)		9. CITIZENSHIP
December 23, 1903		Mexican		Mexican
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY		
May 24, 1913		Mexico		
12. FORMER CITIZENSHIP (Country, etc.)		13. DATE U.S. CITIZENSHIP ACQUIRED		14. WHERE ACQUIRED (City, State, Country)
Mexican		1913		Mexico
15. OCCUPATION		16. PRESENT EMPLOYER (Give full name of employer or if spouse - deceased or unemployed - give last name and address)		
Baptist Minister		Mexican Baptist Church		
17. EMPLOYER'S OR BUSINESS ADDRESS (No. Street, City, State, Country)				
501 S. Guadalupe Street, San Antonio, Texas				
18. BY WHOM KNOWN (Give full name of person by whom known)				19. COUNTRY
To my knowledge never				
20. DETAILS OF OTHER DEPENDENTS (See Section XIII for details)				

SECTION XV MOTHER (Give same information for Stepmother in separate sheet)			
1. FULL NAME (Last-First-Middle) Flores, Arístida	2. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	3. DATE OF DEATH June 1959	4. CAUSE OF DEATH Unknown
5. STATE OTHER NAMES SHE HAS USED None to my knowledge		INDICATE CIRCUMSTANCES INCLUDING DATE WHEN EACH NAME WAS EVER USED THESE NAMES IF LEGAL CHANGE GIVE PARTICULARS (where and by what authority) USE EXTRA SPACE PROVIDED ON PAGE 19 OF THIS FORM TO RECORD THIS INFORMATION.	
6. CURRENT ADDRESS (GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country) 3, Austin and Lee Streets, San Antonio, Texas			
7. DATE OF BIRTH September 20, 1903	8. PLACE OF BIRTH (City, State, Country) Mar y Marlene, Nuevo Leon, Mexico		9. CITIZENSHIP Mexican
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY Unknown		11. PLACE OF ENTRY Unknown	
12. FORMER CITIZENSHIP(S) (Country(ies)) NA	13. DATE U.S. CITIZENSHIP ACQUIRED NA	14. WHERE ACQUIRED (City, State, Country) NA	
15. OCCUPATION Housewife		16. PRESENT EMPLOYER (Give last employer, if worker is deceased or unemployed) NA	
17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED NA			
18. DATES OF MILITARY SERVICE (From-and-To) NA	19. BRANCH OF SERVICE NA	20. COUNTRY NA	
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN NA			
SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)			
1. FULL NAME (Last-First-Middle) [Redacted]	2. RELATIONSHIP Sister	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country) [Redacted], San Antonio, Texas		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE 11
1. FULL NAME (Last-First-Middle) [Redacted]	2. RELATIONSHIP Sister	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country) [Redacted], San Antonio, Texas		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE 39
1. FULL NAME (Last-First-Middle) [Redacted]	2. RELATIONSHIP Sister	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country) [Redacted], San Marcos, Texas		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE 24
1. FULL NAME (Last-First-Middle) [Redacted]	2. RELATIONSHIP Brother	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country) [Redacted], Austin, Texas		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE 22
1. FULL NAME (Last-First-Middle) [Redacted]	2. RELATIONSHIP Brother	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country) [Redacted], Austin, Texas		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE 27
1. FULL NAME (Last-First-Middle) [Redacted]	2. RELATIONSHIP Sister	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country) [Redacted], Austin, Texas		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE 24
1. FULL NAME (Last-First-Middle) [Redacted]	2. RELATIONSHIP Brother	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country) [Redacted], Austin, Texas		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE 24
1. FULL NAME (Last-First-Middle) [Redacted]	2. RELATIONSHIP [Redacted]	3. CITIZENSHIP (Country) U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country) [Redacted], Austin, Texas		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE 24

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SECTION XVII		FATHER-IN-LAW	
1. FULL NAME (Last, first, middle)	2. LIVING	3. DATE OF DEATH	4. CAUSE OF DEATH
Arnett, Carl Raymond	X YES NO		
5. STATE OTHER NAMES HE HAS USED		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS BEEN USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 15 OF THIS FORM TO RECORD THIS INFORMATION.	
Ray			
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)			
4505 Washington St., Milwaukie, 22, Oregon			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)	9. CITIZENSHIP	
January 2, 1909	Minot, North Dakota	U.S. of America	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY	
NA		NA	
12. FORMER CITIZENSHIP(S) (Country)	13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)	
NA	NA	NA	
15. OCCUPATION	16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed)		
Warehouse Foreman	Rudy Wilhel Inc., Portland, Ore. on		

SECTION XVIII		MOTHER-IN-LAW	
1. FULL NAME (Last, first, middle)	2. LIVING	3. DATE OF DEATH	4. CAUSE OF DEATH
Tompkins, Alma Dean	X YES NO		
5. STATE OTHER NAMES SHE HAS USED		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH SHE HAS BEEN USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 15 OF THIS FORM TO RECORD THIS INFORMATION.	
Alma Dean Arnett			
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)			
13920 S.E. Portland View Place, Portland 36, Oregon			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)	9. CITIZENSHIP	
May 4, 1910	Portland, Oregon	U.S. of America	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY	
NA		NA	
12. FORMER CITIZENSHIP(S) (Country)	13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)	
NA	NA	NA	
15. OCCUPATION	16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed)		
Homemaker			

SECTION XIX			
RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT			
1. FULL NAME (Last, first, middle)	2. RELATIONSHIP	3. AGE	
None to my knowledge			
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY	
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
1. FULL NAME (Last, first, middle)	2. RELATIONSHIP	3. AGE	
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY	
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
1. FULL NAME (Last, first, middle)	2. RELATIONSHIP	3. AGE	
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY	
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
1. FULL NAME (Last, first, middle)	2. RELATIONSHIP	3. AGE	
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY	
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	



SECTION VII (CONTINUED) ARMY FORM 12			
8. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIV ABOVE			
NA			
SECTION XX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES			
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
Arnett, Raymond Wesley	Bro-in-law	24	U.S. of America
5. ADDRESS (No., Street, City, State, Country)			
U.S. Army Depot, Pueblo, Colorado			
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
	2nd Cousin	None	U.S. of America
5. ADDRESS (No., Street, City, State, Country)			
Virginia Aviation - 1st S. I. UNO			
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)			
A. TYPE AND LOCATION OF SERVICE (If known)			
SECTION XXI REFERENCES, ACQUAINTANCES, AND NEIGHBORS			
1. LIST FIVE CHARACTER REFERENCES NOT RELATIVES IN THE U.S. WHO KNOW YOU INTIMATELY			
NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)	
Mr. and Mrs. [redacted]	San Antonio, Texas	San Antonio, Texas	
Rev. [redacted]	Austin, Texas	Austin, Texas	
Mr. [redacted]	Washington, D.C.	Alexandria, Virginia	
Mr. [redacted]	[redacted]	Washington, D.C.	
Col. [redacted]	Waco, Texas	Waco, Texas	
2. LIST FIVE PERSONS IN THE U.S. WHO KNOW YOU SOCIALLY, NOT RELATIVES, SUPERVISORS OR EMPLOYERS			
NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)	
Mr. [redacted]	Washington, D.C.	Boulder, Colorado	
Mr. [redacted]	[redacted]	Washington, D.C.	
Miss [redacted]	Washington, D.C.	State, New York, N.Y.C.	
Miss [redacted]	[redacted]	Boulder, Colorado	
Mrs. [redacted]	[redacted]	Washington, D.C.	
3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.			
NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)	
Miss [redacted]	[redacted]	Fredericksburg, Virginia	
Lt. and Mrs. [redacted]	[redacted]	Boulder, Colorado	

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# SECTION XXII CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind (including membership in or support of any organization having headquarters or branch in a foreign country) to which you belong or have belonged.

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATES OF MEMBERSHIP	
		FROM	TO
Spanish Club	San Marcos High School, San Marcos, Texas	Sept., 1951	May, 1955
Distributive Education Club	San Marcos High School, San Marcos, Texas	Sept., 1951	May, 1955
Baptist Youth Organization	First Mexican Baptist Church, San Marcos, Tex.	Jan., 1951	1957

# SECTION XXIII RESIDENCES FOR THE PAST 15 YEARS

ADDRESS - LAST RESIDENCE FIRST (Number, Street, City, State, Country)	INCLUSIVE DATES	
	FROM	TO
4736 Kenmore Ave., #201, Alexandria, Virginia	March, 1961	Aug., 1961
102 Hancock St., Fredericksburg, Virginia	Dec., 1960	Mar., 1961
172 Bartolomea Herrera, Miraflores, Lima, Peru	Jan., 1960	May, 1960
8818 Building, 3rd & 4th Floors, La Paz, Bolivia	Nov., 1959	Jan., 1960
474 Company, Headquarters Marine Corps, Henderson Hall, Washington 25, D.C.	Sept., 1958	May, 1959
Cold Weather Training Battalion, Pickle Weavers, Alhambra, California	Jan., 1958	Aug., 1958
Marine Corps Base, 22 Palms, California	Dec., 1957	Jan., 1958
Marine Corps Recruit Depot, San Diego, California	July, 1957	Nov., 1957
Marine Corps Base, Camp Pendleton, California	Nov., 1956	Dec., 1957
501 S. Guadalupe St., San Marcos, Texas	May, 1956	July, 1957
Howard Payne College, Brownwood, Texas	Sept., 1955	May, 1956
501 S. Guadalupe St., San Marcos, Texas	1954	Sept., 1955

SECTION XXIV		ADDITIONAL INFORMATION	
1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED, OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU EVER BEEN EMPLOYED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INSTITUTION OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES, BY FORCE, VIOLENCE OR OTHER ILLEGAL MEANS OR SALES OF FORCE OR VIOLENCE TO CERTAIN PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN:			
3. DO YOU USE OR HAVE YOU EVER USED "INTOCAN"? <input checked="" type="checkbox"/>		4. IF SO, TO WHAT EXTENT?	
5. DO YOU USE OR HAVE YOU EVER USED "NANCOT"? <input checked="" type="checkbox"/>		6. IF SO, TO WHAT EXTENT?	
7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "YES", GIVE COMPLETE DETAILS	
8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:			
I served 4 years in the United States Marine Corps.			
9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION.			
An investigation (I do not know by whom) was conducted prior to my departure for Bolivia where I was assigned to the American Embassy. This investigation took place during August and September of 1953.			
NOTE SPECIAL: If your answer to "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.			
10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A VIOLATION OF TRAFFIC LAWS IN THE UNITED STATES OR ABROAD?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTIONS ABOVE.			
11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
SECTION XXV PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
1. NAME (First-Middle-Last)		2. RELATIONSHIP	
Mrs. Daniel Flores		Wife	
3. HOME ADDRESS (No. Street, City, State, Country)		4. HOME PHONE NO.	
2828 Conn. Ave., N.W., Washington 8, D.C.		366-8100	
5. BUSINESS ADDRESS (No. Street, City, State, Country) - INDICATE NAME OF FIRM OR, 6. BUSINESS PHONE NO. & EXT.		7. BUSINESS PHONE NO. & EXT.	
Boykin and De Francis 1000 15th St., Suite 603, Washington 5, D.C.		DI 7-5444	
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Mother, Father) MAY ALSO BE NOTIFIED IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS. PLEASE SO STATE.			
In all cases wife: Relative, Mrs. Vicente Paltan, 631 S. River St., Seguin, Texas Telephone FR 9-1007			

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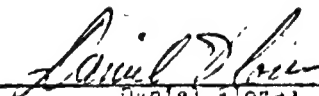
SECTION XVII		CERTIFICATION							
<p>YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.</p> <p>I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to a material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).</p>									
<p>DATE OF SIGNATURE <u>September 5, 1961</u></p> <p>SIGNED AT (City and State) <u>Washington, District of Columbia</u></p>		<p>SIGNATURE OF APPLICANT <u>Daniel Flores</u></p> <p>SIGNATURE OF WITNESS <u>Lawrence Coolidge</u></p>							
<p>NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates. Sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.</p>									
<p>MARITAL STATUS: Item #4, Section XII  September 1, 1956 to October 6, 1956. Married to Lt. Col. <span style="border: 1px solid black; padding: 0 20px;"> </span>  <span style="border: 1px solid black; padding: 0 20px;"> </span> in Portland, Oregon, by Circuit Court Judge. Used name of MORAN until November 14, 1960, when changed to Flores.</p> <p>FATHER-IN-LAW: Item #5, Section XVII  Short name for Raymond</p> <p>GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL: Item #1, Section VI</p> <table> <tr> <td>Argentina</td> <td>2 July 1959 to 3 July 1959</td> <td>Travel</td> </tr> <tr> <td>Panama</td> <td>10 November 1958 to 13 November 1958</td> <td>Travel</td> </tr> </table> <p>SEE ATTACHED SHEET FOR PERTINENT INFORMATION RELATIVE TO STEP-MOTHER.</p> <p>Signed at Washington, D. C., this <u>7th</u> day of September, 1961.</p> <p style="text-align: center;"><u><i>Daniel Flores</i></u> Daniel Flores</p>				Argentina	2 July 1959 to 3 July 1959	Travel	Panama	10 November 1958 to 13 November 1958	Travel
Argentina	2 July 1959 to 3 July 1959	Travel							
Panama	10 November 1958 to 13 November 1958	Travel							

ATTACHMENT TO FORM NO. 444 - PERSONAL HISTORY STATEMENT

Section XV - STEPMOTHER

Full name: Concepcion R. Flores  
Living: Yes  
Other Names She Has Used: None to my knowledge  
Current Address: 501 S. Guadalupe Street, San Marcos, Texas  
Date of Birth: December 9, 1914  
Place of Birth: Mexico  
Citizenship: Mexican  
If Born Outside U.S. - Date of Entry: December 8, 1922  
Place of Entry: Unknown  
Former Citizenships: None  
Occupation: Homemaker and Missionary  
Present Employer: Mexican Baptist Church, San Marcos, Texas  
Never served in Military or other Government service to my knowledge.

This paper is attached to and hereby made a part of Form No. 444.

  
Daniel Flores

CONFIDENTIAL  
(WHEN FILLED IN)

SECURITY APPROVAL

DATE : 19 January 1962

YOUR  
REFERENCE: 07100 OPEER

CASE NO. : 195221

TO : Director of Personnel

FROM : Director of Security

SUBJECT : FLORES, Daniel

1. This is to inform you of security approval of the subject person as follows:

☒ Subject has been approved for the appointment specified in your request under the provisions of Regulations 10-210 and 20-730 including access to classified information through Top Secret as required in the performance of his duties.

☐ Subject has been approved for appointment under the authority of Paragraph 4(d) of Regulation 10-210, and under Regulation 20-730 including access to classified information through Top Secret as required in the performance of his duties.

2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.

3. As part of the entrance on duty processing:

☒ A personal interview in the Office of Security must be arranged.

☐ A personal interview is not necessary.

☐

FOR THE DIRECTOR OF SECURITY:

W. A. Osborne  
A. A. Osborne  
Chief, Personnel Security Division

OFFICE OF PERSONNEL SECURITY

FORM NO 1173 REPLACES FORM 10-101  
(MAY 57) WHICH IS OBSOLETE

CONFIDENTIAL

(6)